



HEALTH COMMITTEE AGENDA
Government Center, Room 400
Monday, April 4, 2016
4:30 p.m.

- 1) Roll Call
- 2) Chairman's Approval of Minutes – February 29, 2016
- 3) Appearance by Members of the Public
- 4) Departmental Matters:
 - A. Adult/Juvenile Detention Medical
 - 1) Items to be presented for action:
 - a) Request approval of an Emergency Appropriation Ordinance amending the McLean County Fiscal Year 2015 Combined Annual Appropriation and Budget Ordinance for the McLean County Tort Judgement Fund 0135; Jail Medical Department 0077/0073. 1
 - 2) Items to be presented for information:
 - a) McLean County Juvenile Detention Center Healthcare Report 2-3
 - b) General Report
 - B. Cindy Wegner, Director, Nursing Home
 - 1) Items to be presented for action:
 - a) Request approval of an Emergency Appropriation Ordinance Amending the McLean County Fiscal Year 2015 Combined Annual Appropriation and Budget Ordinance for the Nursing Home Fund 040. 4
 - 2) Items to be presented for information:
 - a) General Report 5-6
 - b) Presentation – Overview of Nursing Home operation, current trends and future initiatives 7-27

C. Walt Howe, Health Department Administrator

1) Items to be presented for action:

- a) Request approval of an Emergency Appropriation Ordinance amending the McLean County Fiscal Year 2015 Combined Annual Appropriation and Budget Ordinance for the McLean County Health Department Funds (WIC/0103, Preventive Health Program/0105, AIDS/Comm. Disease Fund/0107, Persons Dev. Disability 0110, and, Health Department 0112). 28-29

2) Items to be presented for information:

- a) General Report – Statistics from January/February 2016 30-32
- b) Behavioral Health Reports –
 - 553 Board Report 33-117
 - 377 Board Report 118-139
- c) Presentation – Behavioral Health 140-148
- d) Other

D. Bill Wasson, County Administrator

1) Items to be presented for information:

- a) Report on Recent Employment Activities 149
- b) General Report
- c) Other

5) Other Business and Communication

6) Recommend payment of Bills and Transfers, if any, to the County Board 150

7) Adjournment

An EMERGENCY APPROPRIATION Ordinance
Amending the McLean County Fiscal Year 2015
Combined Annual Appropriation and Budget Ordinance

WHEREAS, the McLean County Board, on November 18, 2014, adopted the Combined Annual Appropriation and Budget Ordinance, which sets forth the revenues and expenditures deemed necessary to meet and defray all legal liabilities and expenditures to be incurred by and against the County of McLean for the 2015 Fiscal Year beginning January 1, 2015 and ending December 31, 2015; and,

WHEREAS, the Combined Annual Appropriation and Budget Ordinance includes the operating budget for the McLean County Tort Judgement Fund 0135, Jail Medical 0077/0073, and,

WHEREAS, the Health Committee at its regular meeting on April 4, 2016, approved and recommended to the County Board an Emergency Appropriation Ordinance; now, therefore,

BE IT ORDAINED by the McLean County Board as follows:

1. That the County Auditor is directed to add (subtract) to the appropriation budget of the following appropriation:

		<u>ADOPTED</u>	<u>ADD (SUBTRACT)</u>	<u>AMENDED</u>
Medical/Nursing Supplies 0135-0077-0073 0622.0001	\$	12,000	1,255	\$ 13,255
Dental Supplies 0135-0077-0073 0622.0002	\$	1,729	660	\$ 2,389
Vaccine/Prescription 0135-0077-0073 0622.0005	\$	180,000	28,100	\$ 208,100
Non-Employee Medical 0135-0077-0073 0757.0001	\$	200,000	10,000	\$ 210,000

2. That the County Clerk shall provide a Certified Copy of this Ordinance to the County Administrator, County Auditor, County Treasurer, and Jail Medical Director.

ADOPTED by the McLean County Board the 19th day of April 2016.

ATTEST:

APPROVED:

Kathy Michael, Clerk of the County Board
McLean County, Illinois

John D. McIntyre, Chairman
McLean County Board

McLean County Juvenile Detention Center
Healthcare Report 2016

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Population												
Medical Clearance Not Accepted	0	0										
Juveniles in custody first of month	10	18										
Juveniles Admitted	34	21										
Juveniles released during month	26	30										
End of Month Population	18	9										
On-Site Clinical Services												
Physician & Dentist												
MD Sick Call Encounters	5	2										
Phone Call consultations	20	11										
Dental Screenings	0	12										
refused	0	4										
Tele psychiatry at JDC	0	1										
Staff Nurse												
Sick Call Encounters	57	35										
Nurse Mental Health Screenings	15	9										
Physicals	11	7										
Health History	11	7										
Medical Transfer forms	12	10										
Phone conference- PO/Family	8	12										
Communicable Disease Treated	0	1										
Court Ordered STD/DNA	3	2										
Resident STD testing	4	4										
Tuberculosis Program												
Number tested	7	22										
Positive Reactor Forms	0	1										
Follow Up Chest X-Ray	0	0										
TB Program Total	7	23										

McLean County Juvenile Detention Center
Healthcare Report 2016

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Quality Review												
Medication Error Reports	1	2										
Quality Assurance Chart Reviews completed	10	10										
Mental Health Services												
Contractual Therapist												
Total contacts	66	45										
Total individual hours	33.25	27										
Total group hours	4	5										
Total crisis hours	0	0										
Substitute Therapist	0	0										
Off -Site Clinical Services												
Physician Referrals	1	0										
Psychiatry Services												
Referral to personal Psychiatrist	0	0										
Chestnut Family Clinic: physical/lab	1	1										
Chestnut Family Clinic: Psychiatrist Office visit	1	0										
Dental Services												
Referral to personal dentist	0	0										
McLean County Health Department												
TB referrals	0	0										
Communicable Disease Clinic referrals	0	0										
Dentist referrals	0	0										
McLean County Health Department total	0	0										
Transports	2	1										

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WHEREAS, the Combined Annual Appropriation and Budget Ordinance includes the operating budget for the McLean County Nursing Home Fund 0401, and,

WHEREAS, the Health Committee at its regular meeting on April 4, 2016, approved and recommended to the County Board an Emergency Appropriation Ordinance; now, therefore,

BE IT ORDAINED by the McLean County Board as follows:

1. That the County Auditor is directed to add (subtract) to the appropriation budget of the following appropriation:

		<u>ADOPTED</u>	<u>ADD (SUBTRACT)</u>	<u>AMENDED</u>
Loss on Disposal Of Asset 0401-0090-0087 0782.0004	\$	-0-	735,000	\$ 735,000
Non-Contractual Services 0401-0090-0087 0773.0001	\$	309,321	78,000	\$ 387,321
Software License Agreement 0401-0090-0087 0750.0004	\$	14,760	20,000	\$ 34,760
Temporary Employment Services 0401-0090-0080 0706.0006	\$	140,000	250,000	\$ 390,000
Special Therapy/Medicare 0401-0090-0080 0759.0001	\$	126,000	100,000	\$ 226,000
Transfer to Other Funds 0401-0090-0087 0999.0001	\$	-0-	8,300	\$ 8,300

2. That the County Clerk shall provide a Certified Copy of this Ordinance to the County Administrator, County Auditor, County Treasurer, and Nursing Home Administrator.

ADOPTED by the McLean County Board the 19th day of April 2016.

ATTEST:

APPROVED:

Kathy Michael, Clerk of the County Board
McLean County, Illinois

John D. McIntyre, Chairman
McLean County Board



NURSING HOME

(309) 888-5380 FAX (309) 454-4954
 901 N. Main St. Normal, IL 61761

To: Honorable Susan Schafer, Chairman, Health Committee
 Honorable Members of the Health Committee
 Mr. Bill Wasson, County Administrator
 Ms. Hannah Eisner, Assistant County Administrator

From: Cindy Wegner, Administrator, McLean County Nursing Home

Date: March 28, 2016

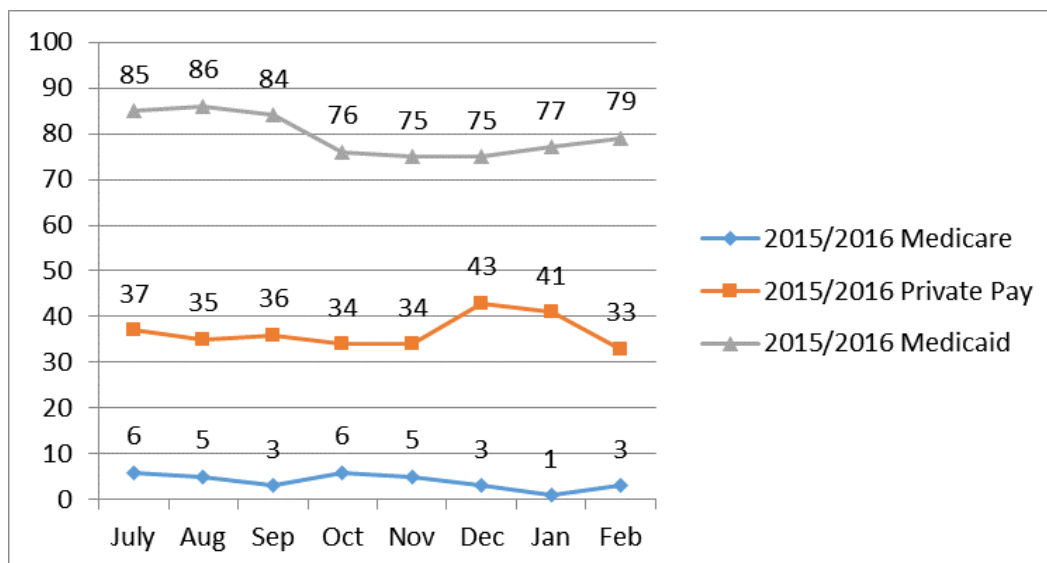
Re: Monthly Report for April 2016

Average Daily Census

The chart below summarizes the monthly average daily census for July 2015 through February 2016. There was a decrease in census from 119 in January to 115 in February. Private pay census decreased to 33. Medicaid increased to 79. Medicare increased from 1 to 3.

The current census as of March 28, 2016 is 111 with 5 Medicare residents.

**Monthly Average Daily Census by Payor
 July 2015 through February 2016**



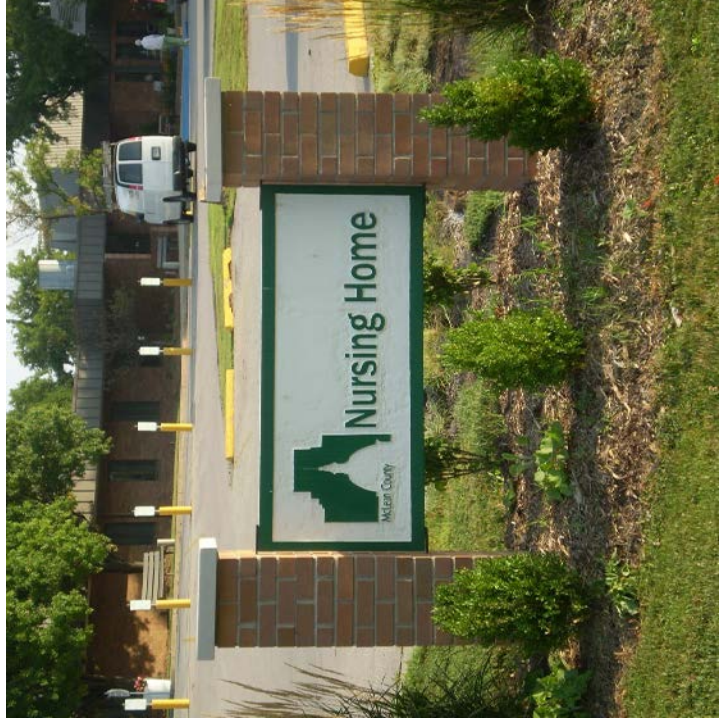
Admissions & Discharges

The table below summarizes the monthly admits and discharges. Admissions decreased in February.

Admissions and Discharges February 2015 to February 2016

2015	Medicare	Non-Medicare	Total	Total
	Admits	Admits	Admits	Discharges/Expirations
Feb	4	15	19	12
Mar	3	2	5	10
April	4	4	8	9
May	5	5	10	10
June	1	4	5	9
July	5	7	12	13
Aug	0	6	6	7
Sep	4	7	11	13
Oct	5	8	13	20
Nov	1	9	10	12
Dec	5	13	18	11
16-Jan	1	9	10	14
Feb	3	5	8	12

McLean County Nursing Home



Cindy Wegner, Administrator,

about me...

- ▶ Bachelor's Degree in Sociology from Illinois State University
- ▶ Licensed Nursing Home Administrator for 15 years.
- ▶ 23 years working in the Long Term Care Field in this community
- ▶ MarcFirst Board Member
- ▶ MarcFirst Program Services Committee
- ▶ Member of Heartland Community College CNA Advisory Board
- ▶ Member of Illinois Nursing Home Administrator's Association
- ▶ Married, live in Normal
- ▶ Mother of three—20 year old son at Illinois Wesleyan, 19 year old son lives at a residential school for youths with Autism, 12 year old daughter at Kingsley Junior High

Our History

McLean County has a long tradition of providing for the welfare and care of its citizens dating back to 1878.

In 1974, the citizens of the County decided to continue that tradition for the County's elderly when they passed a referendum to build the McLean County Nursing Home at its current location.

The Board chose to build the home on County owned property on North Main Street in Normal. It can be found in a park like setting in the Fairview Park area, just north of Fairview Pool.



Our Goal

**To provide quality
care in an
atmosphere that
allows both our
residents and their
families to feel at
home while staying
in McLean County
Nursing Home.**



General Information About the

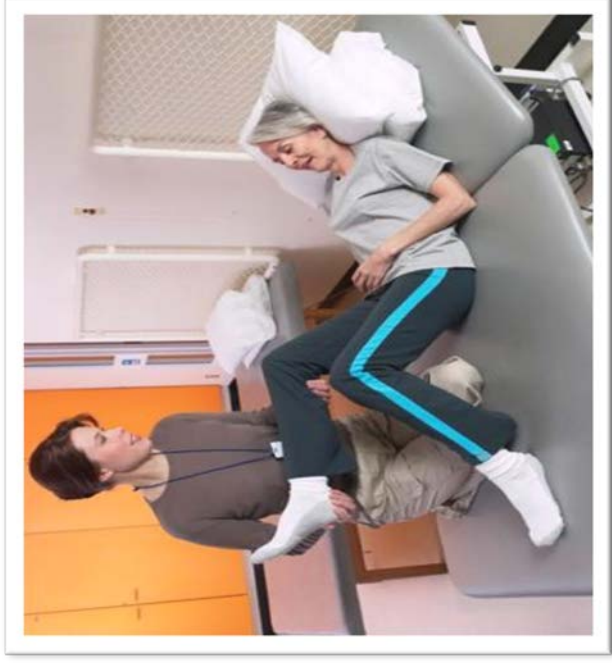
Facility:

- ▶ 150 Beds
- ▶ 100 Dually Certified Medicare/Medicaid Beds
- ▶ 50 Private Pay/Medicaid Beds
- ▶ 6 Private Rooms with Private Bath & Shower
- ▶ 72 Semi-Private Rooms with Jack & Jill shared baths
- ▶ Admissions facilitated 24 hours a day, 7 days a week
- ▶ Transportation Available
- ▶ Skilled, Intermediate, Hospice and Respite Care provided

General Information, Continued...

- ▶ Therapy Services provided by Professional Therapy Services Inc. (PTS) 7 days a week
 - ▶ Physical Therapy
 - ▶ Occupational Therapy
 - ▶ Speech Therapy

SPEECH -
LANGUAGE
THERAPY



Care Services:

- Skilled Care
 - a. IV's
 - b. Therapy
 - c. Wound Care
- Intermediate Care
 - a. Medication monitoring
 - b. Assist with meals, bathing, dressing, mobility
- Hospice Services
 - a. Contracted through OSF & Advocate Bromenn
 - b. Support to family & residents for end of life care
- Respite Care
 - a. Short term care—such as a week or two, or over a weekend
 - b. Allows a break for families caregivers



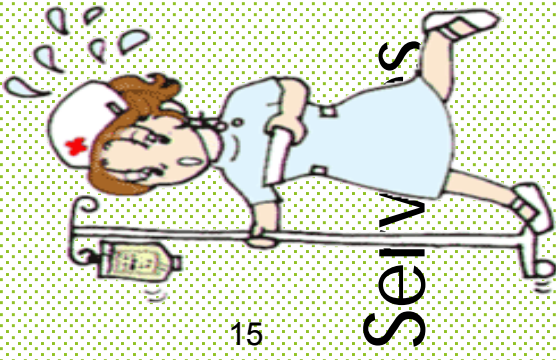
Current Room Rates and Reimbursement:

- ▶ Semi-private Room Rate--\$185/day
- ▶ Private Room Rate--\$200/day
- ▶ Semi-private room converted to a private room--\$225/day
- ▶ Two-room conversion--\$415/day
- ▶ Private Pay Room Rate covers room, board and laundry services.
- ▶ Additional charges for private pay services include medications, nursing supplies, beauty shop, therapy, physician visits, personal supplies, and outside transportation.
- ▶ Current Public Aide Reimbursement rate--\$129.57/day*

* The facility is required to provide all nursing supplies, personal toiletries, incontinent care supplies and transportation for residents receiving Medicaid.

\$129.57 per day 24 hours per day
= \$5.41 per hour/per resident to

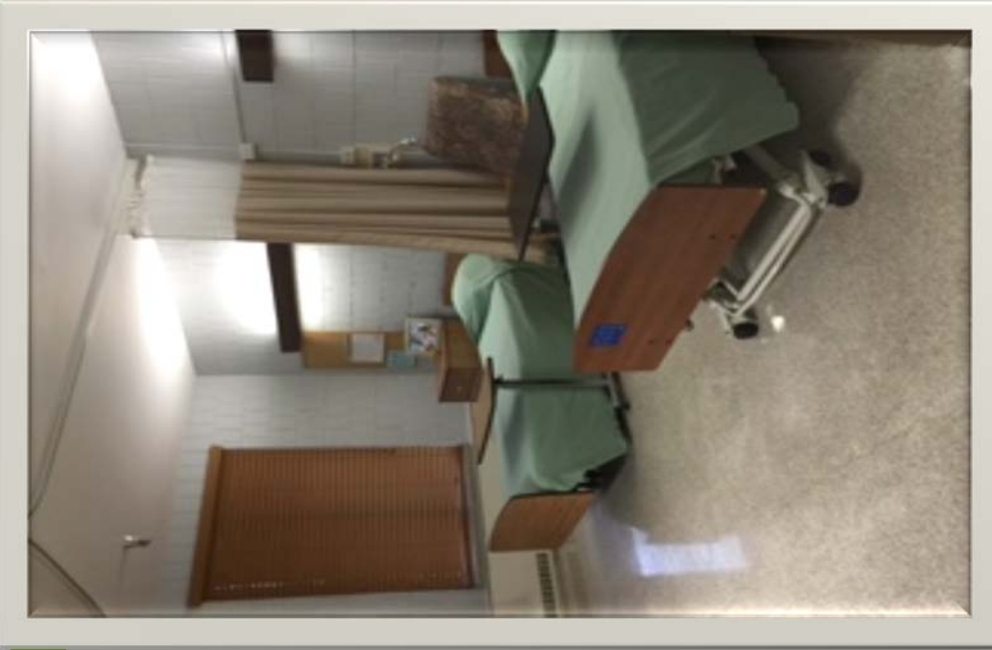
pay for:



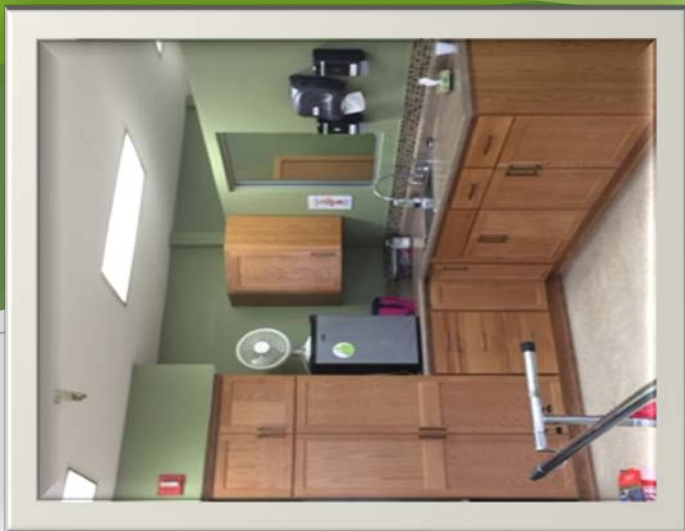
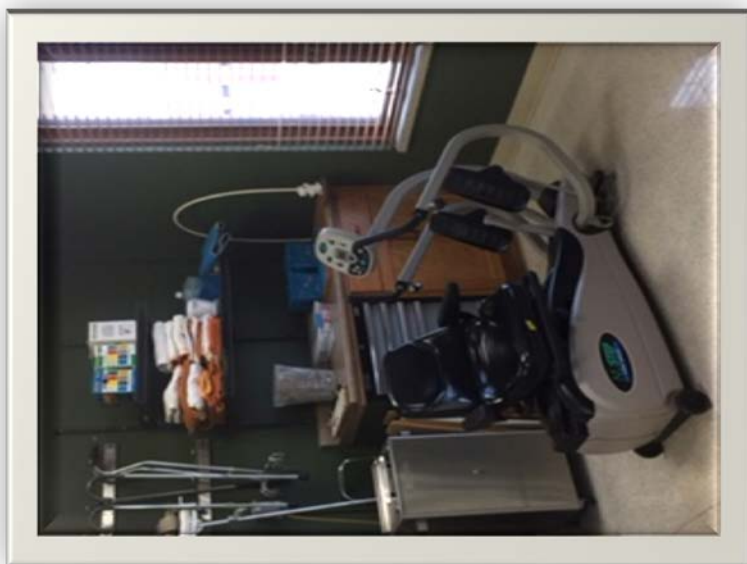
toiletries

- 24 hour nursing care
- Food
- Laundry and Housekeeping
- Nursing Supplies, personal
- Incontinent Supplies
- Transportation

Resident Room



Therapy Department



New Initiatives to Improve Resident Care and Services:

- 1) The facility has implemented a “No Lift” policy as of 2/15/16
 - a) “No Lift” means a resident that requires assistance of two or more staff will be transferred by a mechanical device
 - a) Increases resident safety during lifting or transfers
 - b) Decreases risk of back injury or other musculoskeletal injuries to staff, thus decreasing lost work days or workman’s comp claims for the facility



New Initiatives, cont'd

2) CMS (Center's for Medicare/Medicaid Services) "Hand in Hand" [Training has been implemented and will be ongoing for all facilities



- a) This is a nationally recognized training program that is also completed by state surveyors.
- b) CMS has a new focus during the annual survey process to specifically address dementia care and how facilities are training staff. The focus of the training is on "Person Centered Care."
- c) The program has been extremely well received--staff believe it will empower them to make a difference in the quality of life for our residents.



New Initiatives...

- 3) Electronic Medical Records implementation
 - a) Provides a more efficient method for charting and medication administration
 - b) Ease of communication between the facility and physicians offices
 - c) Brings the facility into current practice with other healthcare agencies in



Census Challenges

- ▶ People believe what they see, not what we tell them.
- ▶ First impressions go a long way, they “shop with their eyes”
- ▶ There has been no remodel or upgrades to the building; cinderblock walls and terrazzo flooring while easy to maintain, are cold and institutional.
- ▶ Potential admits do not want to share a bathroom with three other people.
- ▶ Therapy room is very nice and open, however equipment needs an upgrade
- ▶ “They’ll never put any money into this place...” said to Administrator on 3/15/16 by a former family member that was at the facility voting.
- ▶ “Isn’t this the home for people who can’t pay?” said by a family member when the office was attempting to collect an overdue bill.
- ▶ No advertising, website, promotional material, etc. to let the community know we are still here!



What's in a Name?

- ▶ The term “County Home” carries a stigma, i.e., “poor farm” , home for the indigent, etc.
- ▶ Most county run facilities in Illinois have gone to a name -vs- “ ____ *County Home*”
- ▶ The term “nursing home” is also less utilized, now being replaced with care center, health center, etc.
- ▶ We take admissions without regard to pay source, however, many of the inquiries are very difficult, or very expensive cases
- ▶ Collections can be challenging
- ▶ Facility Contest open to staff and families to “Name the Facility”

Some Suggestions so Far.....

Rehab



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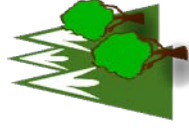
Clover Valley Health &

Lifecare



Maple Grove Healthcare

Rehab or Life Care...We are there.



Healthcare Center

Summit Rehab and



"Reaching

Three main initiatives which will require attention in the near future in order for the facility to build census and remain competitive in today's market:

1) Quality of Staff and Staff Retention. Attractive programs for recruiting.

- A) Loan forgiveness programs
- B) Tuition Reimbursement
- C) Specialized hours (36/40)
- D) Increments for experience
- E) Weekend only premium wage
- F) In-house educational opportunities/CEU's (continuing education units)



2) Facility physical condition and appearance

A) Cosmetic upgrades are a must.

B) Physical plant has both positives and negatives.

Positive: Big, bright, wide hallways, large rooms, security cameras, lovely outdoor spaces

Negative: Not conducive for resident & family socialization, out of date or worn furniture, some necessary furniture is lacking, not a functional layout for staff efficiency

C) Equipment needs to be upgraded, especially in the therapy department

We are an island unto ourselves



- ▶ The facility used to remain full and operate on it's reputation. Unfortunately, reputation alone no longer brings in admissions.
- ▶ Long Term Care has changed significantly over the past 5-6 years
- ▶ CMS 5 Star rating (MCNH is a 1 star)
 - ▶ **Health Inspections Rating:** Measures based on outcomes from State health inspections: CMS bases facility ratings for the health inspection domain on the number, scope, and severity of deficiencies identified during the three most recent annual standard inspections.
 - ▶ **Staffing Rating:** Measures based on nursing home staffing levels: CMS bases facility staffing ratings on two components: 1) Registered nurse (RN) hours per resident day; and 2) total staffing hours (RN+ licensed practical nurse (LPN) + nurse aide hours) per resident day.
 - ▶ **Quality Measures Rating:** Measures based on resident-level quality measures (QMs): Facility ratings for the quality measures are based on performance on 11 (8 long-stay and 3 short-stay) of the 18 QMs that CMS currently posts on the Nursing Home Compare web site.
 - ▶ **Overall Rating:** The overall star rating is a composite of the three individual star rating dimensions. The core of the overall rating is the health inspection rating, which is adjusted up if the facility receives very high staffing or QM ratings, and is adjusted down for low staffing or QM ratings.
- ▶ ACO's (Accountable Care Organization's) are driving placement to facilities' within their "network"
 - ▶ We are not currently in either of the local ACO programs, however we are currently working with one to become a provider.

To meet the needs of our county's elderly population—

- ▲ There is a need for the service we provide--affordable, long term care in a clean, professionally staffed environment
- ▲ Nurse recruitment—New nurses want current technology, modern equipment and wage incentive programs
- ▲ Technology—cinder block walls prevent free flowing information due to inconsistent or no Wi-Fi access
- ▲ Quality Staff + Facility Upgrades = Census Growth
- ▲ Our goal is to once again make this one of the community's facility of choice—need the support of the committee and board to make that happen

An EMERGENCY APPROPRIATION Ordinance
Amending the McLean County Fiscal Year 2015
Combined Annual Appropriation and Budget Ordinance

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WHEREAS, the Combined Annual Appropriation and Budget Ordinance includes the operating budget for the McLean County Health Department Funds (WIC/0103, Preventive Health Program/0105, AIDS/Comm. Disease Fund/0107, Persons Dev. Disability 0110, and, Health Department 0112), and,

WHEREAS, the Health Committee at its regular meeting on April 4, 2016, approved and recommended to the County Board an Emergency Appropriation Ordinance; now, therefore,

BE IT ORDAINED by the McLean County Board as follows:

1. That the County Auditor is directed to add (subtract) to the appropriation budget of the following appropriation:

	<u>ADOPTED</u>	<u>ADD (SUBTRACT)</u>	<u>AMENDED</u>
Health Department Fund:			
Med/Life 0112-0061-0061 0599.0002	\$ 78,104	1,700	\$ 79,804
Med/Life 0112-0061-0062 0599.0002	\$ 96,119	700	\$ 96,819
Med/Life 0112-0061-0063 0599.0002	\$ 34,593	1,500	\$ 36,093
Med/Life 0112-0061-0064 0599.0002	\$ 11,970	11,100	\$ 23,070
IMRF 0112-0061-0096 0599.0002	\$ -0-	9,100	\$ 9,100
Transfer to Other Funds 0112-0061-0061 0999.0001	\$ -0-	400	\$ 400
Full-time salaries 0112-0061-0062 0503.0001	\$ 734,786	(24,500)	\$ 710,286
WIC Fund:			
Full-time Salaries 0103-0061-0062 0503.0001	\$ 282,462	\$ (1,205)	\$ 281,257
Software License Agreement 0103.0061-0062 0750.0004	\$ -0-	\$ 1,205	\$ 1,205

Preventive Health Program Fund:

Medical/Life				
0105-0061-0067 0599.0002	\$	10,773	\$ 715	\$ 11,488

Educational Materials/Supplies				
0105-0061-0067 0612.0007	\$	7,434	(715)	\$ 6,719

AIDS/Comm. Disease Fund:

Full-time Salaries				
0107-0061-0062 0503.0001	\$	58,653	33,400	\$ 92,053

Part-time Salaries				
0107-0061-0062 0515.0001	\$	54,899	800	\$ 55,699

Full-time Salaries				
0107-0061-0061 0503.0001	\$	9,806	1,600	\$ 11,406

Overtime				
0107-0061-0062 0526.0001	\$	-0-	1,200	\$ 1,200

IMRF				
0107-0061-0062 0599.0001	\$	14,750	2,800	\$ 17,550

Med/Life				
0107-0061-0062 0599.0002	\$	8,379	7,800	\$ 16,179

Social Security Contrib.				
0107-0061-0062 0599.0003	\$	8,687	3,200	\$ 11,887

Persons with Dev. Disability Fund:

Full-time Salaries				
0110-0061-0060 0503.0001	\$	13,400	\$ (178)	\$ 13,222

Dues & Memberships				
0110-0061-0060 0715.0001	\$	2,350	\$ 178	\$ 2,528

2. That the County Clerk shall provide a Certified Copy of this Ordinance to the County Administrator, County Auditor, County Treasurer, and Health Department Director.

ADOPTED by the McLean County Board the 19th day of April 2016.

ATTEST:

APPROVED:

Kathy Michael, Clerk of the County Board
McLean County, Illinois

John D. McIntyre, Chairman
McLean County Board

**McLean County Health Department
Activity Summary
January and February, 2016**

<u>Program/Service</u>	<u>Total Clients</u>	<u>Total Contacts</u>	<u>Total Activity Measures</u>
Community Health Services			
<u>Communicable Disease Section</u>			
*Calls/Correspondence	_____	_____2571__	
*Case Investigations (CD)	_____	_____17__	
*Clients – TB Screening	_____225__	_____	
*Clients – Pulmonologist	_____9__	_____	
*Clients - STD Clinic	_____111__	_____	
*Activities in HIV Grant	_____30__	_____	
*Adult Immunizations Given	_____	_____97__	
*Titers drawn (Check Immunity)	_____15__	_____20__	
Child Care Nurse			
<u>Consultant</u>			
*Presentations/Programs	_____65__		
*Adults participants	_____137__		
*Child participants	_____132__		
<u>Dental Clinic</u>			
*Children	_____765__		
*Adults	_____46__		
<u>Home Nursing Program</u>			
*Visits	_____41__		
<u>Immunizations and Outreach</u>			
*Child Immunizations HD	_____2171__		
*Child Immunizations Off-site	_____0__		
*Outreach (Child & Adult)	_____0__		
<u>Vision & Hearing Screenings</u>			
*Vision	_____272__		
*Hearing	_____226__		
<u>Emergency Preparedness</u>			
*Total Presentations	_____10__		
*Total MRC Volunteers	_____84__		

**Total
Clients****Total
Contacts****Total
Activities****Maternal Child Health Division****AOK Program**

*All events	_____	_____	_____10_____
*Total attendance	_____160_____	_____	_____

Clinic Services

*Lead screening tests	_____183_____	_____	_____
*Hemoglobin tests	_____456_____	_____	_____
*Developmental Screenings	_____434_____	_____	_____

Family Case Management

*FCM Caseload	_____1082_____	_____	_____
*BBO Caseload	_____165_____	_____	_____
*Home visits/office contacts	_____5198_____	_____	_____
*Perinatal Depression Screenings	_____281_____	_____	_____

HealthWorks Lead Agency

*Children 0-6 served	_____86_____	_____	_____
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WIC

*WIC caseload	_____2075_____	_____	_____
*Total certifications	_____803_____	_____	_____
*Total education contacts	_____822_____	_____	_____

Environmental Health Division**Food Program**

*FT Etab Permits Issued	_____	_____553_____	_____827_____
*Temp Permits Issued	_____	_____177_____	_____40_____
*Total Inspections	_____	_____	_____461_____

Private Sewage Disp Prog

*Installation Permits	_____	_____255_____	_____6_____
*Total Inspec/Reinspec	_____	_____	_____11_____
*Septic System Evaluations	_____	_____	_____18_____

Potable Water Program

*Total Installation Permits	_____	_____86_____	_____2_____
*Abandoned Wells Inspec	_____	_____7_____	_____1_____
*New Well Inspections	_____	_____	_____2_____

	<u>Total Clients</u>	<u>Total Contacts</u>	<u>Total Activities</u>
<u>Tanning Program</u>			
*Facilities Inspected	_____	_____1_____	_____1_____
<u>Solid Waste, Nuisance, Pest Cont</u>			
*Complaints received	_____	_____45_____	_____5_____
<u>Geothermal Exchange Prog</u>			
*Installation/Registrations	_____	_____14_____	_____4_____
<u>West Nile VirusSurveillance Prog</u>			
* # suspect birds submitted	_____	_____0_____	_____0_____
* # mosquito pools tested	_____	_____0_____	_____0_____
Behavioral Health Prog			
* \$ Mental Health Prog Funded	_____	_____	\$ _____
* \$ Sub Abuse Prog Funded	_____	_____	\$ _____
* \$ DD Programs Funded	_____	_____	\$ _____
Vital Statistics (Records)			
*Live Births	_____	_____	_____401_____
*Total Deaths	_____	_____	_____211_____
*Birth Certificate Copies	_____	_____	_____496_____
*Death Certificate Copies	_____	_____	_____1659_____
FOIA's			
*Administration	_____	_____	_____
*Community Health	_____	_____	_____
*Environmental Health	_____	_____18_____	_____
*Behavioral Health	_____	_____	_____
Health Promotion			
*Educational Programs	_____	_____434_____	_____29_____
*Health Fairs	_____	_____650_____	_____5_____
*Materials Distributed	_____	_____n/a_____	_____337_____
Communications & Program Support			
*Media Interactions	_____	_____	_____45_____
*Facebook Likes	_____	_____	_____26_____
*Twitter Profile Visits	_____	_____	_____156_____

CY 2015
Quarterly Service Statistics Summary
January 1, 2015 – December 31, 2015

Quarter	Total New Served	Total Served	Total Funds Budgeted
Q1	1347	2090	\$1,162,140.00
Q2	570	1797	
Q3	794	1090	
Q4	1721	2194	
CY 15 TOTAL	4432	7171	\$1,162,140.00

Agency Specific Quarterly Data
October 1, 2015- December 31, 2015

Chestnut Health Systems

Drug Court

Service Provided: Treatment Services for Drug Court

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	5	35	\$182,604.00
Q2 – April - Jun	*N/A	*N/A	
Q3 – July - Sept	*N/A	*N/A	
Q4 – Oct - Dec	*N/A	*N/A	

*Drug Court Treatment monies were reallocated to the CSU in the amount of \$196,393.00

Crisis Residential/Detox

Service Provided: Acute Psychiatric Crisis Treatment/Substance Abuse Detoxification

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	N/A	N/A	\$196,393.00
Q2 – April - Jun	N/A	N/A	
Q3 – July - Sept	N/A	N/A	
Q4 – Oct - Dec	154	158	

School Based Services

Service Provided: Substance Abuse-Early Intervention

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	36	130	\$145,140.00
Q2 – April - Jun	36	125	
Q3 – July - Sept	18	70	
Q4 – Oct - Dec	41	118	

Center for Youth and Family Solutions

MRT Group

Service Provided: Specialty Court Services

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	5	14	\$25,716.00
Q2 – April - Jun	5	18	
Q3 – July - Sept	4	14	
Q4 – Oct - Dec	6	12	

McLean County Center for Human Services

Crisis

Service Provided: Crisis Intervention

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	403	489	\$361,916.00
Q2 – April - Jun	426	504	
Q3 – July - Sept	474	553	
Q4 – Oct - Dec	471	576	

Psychiatric

Service Provided: Psychiatric Treatment

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	63	187	\$ 311,868.00
Q2 – April - Jun	35	184	
Q3 – July - Sept	52	179	
Q4 – Oct - Dec	53	138	

Labyrinth

Labyrinth House

Service Provided: Supportive Housing

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	N/A	N/A	\$20,800.00
Q2 – April - Jun	N/A	N/A	
Q3 – July - Sept	11	39	
Q4 – Oct - Dec	5	12	

PATH

Crisis Hotline

Service Provided: 211 - Emergency Assessments

Quarter	Total Served (Calls)	Mental Health Calls	Contract Amount
Q1 – Jan - Mar	5600	1382	\$ 38,028.00
Q2 – April - Jun	5467	1738	
Q3 – July - Sept	5644	2932	
Q4 – Oct - Dec	4593	1452	

Clinical Follow-up

Service Provided: Crisis Follow-up

Quarter	Total New Served	Total Referrals	Contract Amount
Q1 – Jan - Mar	119	52	\$ 40,000.00
Q2 – April - Jun	89	107	
Q3 – July - Sept	34	54	
Q4 – Oct - Dec	83	192	

Project Oz

Youth

Service Provided: Prevention and Education

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	835	1116	\$ 56,868.00
Q2 – April - Jun	68*	877*	
Q3 – July - Sept	201**	201**	
Q4 – Oct - Dec	908***	1097***	

*There were only 2 classes in the 2nd Quarter and the quarters will not be evenly distributed because of this.

**In addition to this number, Project Oz extended two summer billboards and estimated the number of views without duplicates at 11,100

***There were 264 classes this quarter

FY 2015 QUARTERLY AGENCY SERVICE STATISTICS
Agency: Chestnut Health Systems

[illegible]

Referral Source for New Admissions: MCCHS, Self, Outpatient MH and CD providers, OSF, Advocate

Primary problem area(s) of clients served:

Primary problem area(s) of clients served:

Major Depression, Bipolar D/O, Opiate Addiction, Alcohol Withdrawal

Please attach a brief narrative of:

Program Activities

Progress in achieving program objectives

Problems encountered and how they were handled



4th Quarter Narrative Report: Crisis Residential/Detox Unit

Program Activities:

Chestnut Health Systems provides 24 hour short term supervised care for persons aged 18 years and older experiencing an acute psychiatric crisis that does not require hospitalization. The average length of stay this quarter was 5.3 days. Admission to our crisis unit is voluntary; we only accept those individuals who choose to come to the unit. The facility is not prepared to work with persons who may be actively suicidal with means and a plan or who are homicidal or who are experiencing serious medical problems or complications requiring hospitalization. While the unit is staffed with nurses and behavioral health clinical staff it is not a hospital.

During their stay on the unit, patients spend time in groups that meet four or more times per day. The groups provide therapy and evidence based curriculum on topics helpful to individuals in crisis. Patients are expected to attend and to participate actively. Patients in need of psychotropic medication also see a psychiatric nurse practitioner.

Persons may refer themselves for crisis residential/stabilization services and may be referred by hospitals, police departments, mental health agencies, social service agencies, and families. This quarter referrals were made from McLean County Center for Human Services Crisis Team, OSF and Advocate emergency room staff, and self-referrals.

Patients experiencing withdrawal from alcohol or other mood altering drugs meeting our admission criteria can be detoxified at our Crisis Stabilization/Detox unit. Detox is overseen by a contracted emergency room physician and an advanced practice nurse with training in family practice medicine and psychiatry.

During this quarter the unit became a rotation site for nursing and music therapy students. The addition of these two components not only gives the student an opportunity to learn about working with patients with mental health issues but gives the patients additional support.

Summary of Program Objectives: Not applicable

Challenges:

During this quarter staffing continued to be a challenge as we added a new nurse manager and redesigned the staffing to add LPNs to assist in providing medical services. Our patients have a much higher rate of comorbid serious medical conditions than originally anticipated. Such issues include untreated diabetes, untreated cardiac conditions and specific to our detox population a more chronic and long term substance use history of opiates and alcohol which lead to a higher risk for withdrawal complications.

To address staffing issues Chestnut has implemented recruitment strategies to assist in recruiting nursing staff that have been successful. Changes in staffing were implemented to address the comorbid medical concerns presented by our patients. The CSU also implemented "Doctor Day"

for our crisis stabilization patients who don't have a primary medical home. During Doctor Day patients are transported to Chestnut Family Health Center where they obtain a physical examination and are enrolled in CFHC as their primary medical home so they can continue to receive primary care services as needed post discharge from the CSU/Detox.

					*182.06+364.69 hours of "indirect" services
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FY '15: 2nd Extension Quarter Report - Youth SBS Program

Narrative Sections:

Referral Sources for New Admissions:

Students have been referred to SBS this quarter by guidance counselors, student support personnel, principals, Interventionists at Regional Alternative School, parents, and Adolescent Chemical Dependency staff from Chestnut Health Systems.

Primary problem area(s) of clients served:

Primary problem areas revolve around personal or family member / peer substance use, depression, anxiety, poor academic performance, truancy, legal problems, school disciplinary issues, and problems with family or friends. Additional issues addressed: conflicts at home, self-harm, grief/loss issues, suicidal thoughts, health and wellness, and overall self-care.

I. Program Activities:

Activities that the SBS program engaged in this quarter included:

- Time was spent conducting ongoing outreach efforts with school personnel and referral sources. Many of these outreaches efforts were conducted in person, and some were conducted electronically, i.e. email communication with numerous individual referrals sources to help initiate and coordinate referrals.
- Screening of students in the school setting for substance abuse issues and mental health concerns
- Individual intervention sessions with students using A-CRA (Adolescent Community Reinforcement Approach) evidenced based procedures. Topics covered include: reducing substance use, improving communication skills, anger management, problems solving, coping with mental health issues, peer relations, improving academic performance and attendance, and relapse-prevention and refusal skills.
- Helping students and/or families access services to other community providers if additional services were indicated.
- Classroom presentations were provided at Bloomington Junior High School on three separate topics during the quarter. With their 7th grade health classes, topics of “The Top

10 Myths about Alcohol and Drugs,” “The New Marijuana: Higher Potency, Greater Dangers,” and “Hallmarks of Good Mental Health for Teens” were conducted with the students.

- The outcomes of these presentations were very positive: Regarding the presentations about substance use: A total of 168 students were involved in these 8 presentations. The students who were involved in these outreaches reported the following outcomes:
 - ✓ 93.5% reported, “This presentation helped me better understand the dangers of substance use.”
 - ✓ 93.5% reported, “Because of what I learned in this presentation, I am less likely to use substances.”
 - ✓ 87% reported, “This presentation has made me more likely to talk to a trusted adult if I (or someone I know) is experimenting with drugs or alcohol.”
- Regarding the presentations about the importance of good mental health: A total of 128 students were in attendance for these 6 presentations. The students who were involved in these outreaches reported the following outcomes:
 - ✓ 98.4% reported that “this presentation helped me better understand the importance of having good mental health.”
 - ✓ 91.4% reported, “I am likely to apply some of the ideas I learned today to improve my own mental health.”
 - ✓ 83.6% reported, “Because of this presentation, I am now more likely to talk to a trusted adult if I feel like I am struggling to maintain good mental health.”
- On 2 occasions, SBS workers intervened with suicidal students at school and helped coordinate services with the local crisis team in order to help the student receive the appropriate services and/or emergency hospitalization.
- Community outreach at various committees to provide education and services in the community to help combat the issues of underage drinking and other drug use. These included Bloomington Normal Community Campus Committee (BNCCC), and BN-Parents (whose purpose is to improve parent/teen communication to reduce the risk of drug and alcohol use during the teen years as well as provide valuable information to parents whose teens may have gotten in trouble for use).
- Participation in the Rebound Board which provides college students as mentors at Kingsley Jr. High for at-risk students.

- At the end of the semester, we surveyed school personnel regarding their satisfaction with the Chestnut SBS program. The results showed a great deal of satisfaction with the program, and an overwhelming desire for *more* services in the schools. Also, the vast majority did not feel that there were too many services in the schools for students. The specific outcomes are as follows:
 - “The SBS worker interacts professionally with students”:
 - ✓ Agree/Strongly Agree: 100%
 - ✓ Disagree/Strongly Disagree: 0%
 - “The SBS worker interacts professionally with school personnel”:
 - ✓ Agree/Strongly Agree: 100%
 - ✓ Disagree/Strongly Disagree: 0%
 - “The SBS worker completes classroom presentations in a professional manner”:
 - ✓ Agree/Strongly Agree: 100%
 - ✓ Disagree/Strongly Disagree: 0%
 - “The SBS worker is helpful in dealing with students regarding social, emotional, and/or mental health issues”:
 - ✓ Agree/Strongly Agree: 100%
 - ✓ Disagree/Strongly Disagree: 0%
 - “The SBS worker is helpful in dealing w/ students regarding substance use issues”:
 - ✓ Agree/Strongly Agree: 100%
 - ✓ Disagree/Strongly Disagree: 0%
 - “Our students have benefitted from services provided by Chestnut”:
 - ✓ Agree/Strongly Agree: 100%
 - ✓ Disagree/Strongly Disagree: 0%
 - “We would like to continue to utilize services provided by Chestnut”:
 - ✓ Agree/Strongly Agree: 100%
 - ✓ Disagree/Strongly Disagree: 0%
 - “You would like for there to be more services available to students in the school setting”:
 - ✓ Yes: 78.6%
 - ✓ No: 7.1%
 - ✓ Unsure: 14.3%

- “You think there are already too many services for students in the school setting, and there should be less services”:
 - ✓ Yes: 0%
 - ✓ No: 85.7%
 - ✓ Unsure: 14.3%
- Over 300 hours of “indirect” services were accumulated, including travel time to schools throughout the county, documentation time / paperwork, data collection time, staff meetings, supervision, and training, in addition to outreach and committee-involvement. Increased demands for detailed documentation and data collection resulted in more time spent with documentation and data-collection, and less time in the schools providing services.

II. Progress in Achieving Program Objectives:

Objective 1:

“The SBS program will provide at least 50 outreach contacts during the first and fourth quarters, and 100 outreach contacts during the second and third quarters, for a total of 300 outreach contacts during the year.”

Progress on Objective 1:

- ❖ The SBS workers conducted 74 outreach contacts during this quarter, including meetings with school personnel, classroom presentations, telephone/electronic communication and marketing, and referral-relation meetings, and involvement in community outreach committees.

Some other specific outcomes related to these outreaches include:

- ❖ 41 new referrals were generated this quarter, including
 - 10 new referrals from Normal Community HS
 - 8 new referrals from Normal Community West HS
 - 5 new referrals from Regional Alternative School
 - 4 new referrals from Central Catholic HS
 - 4 new referrals from Olympia Middle School
 - 4 new referrals from University HS
 - 2 new referrals from Bloomington Jr. HS
 - 2 new referrals from Ridgeview HS
 - 1 new referral from Lexington HS
 - 1 new referral from Leroy HS

- ❖ Another outreach that was conducted was a series of classroom presentations at BJHS to introduce Chestnut SBS services to students there. These presentations also provided information about exposing the myths vs. facts of substance use, and provided information about the harmful effects of substances.
 - Regarding the presentations about substance use: A total of 168 students were involved in these 8 presentations. The students who were involved in these outreaches reported the following outcomes:
 - ✓ 93.5% reported, “This presentation helped me better understand the dangers of substance use.”
 - ✓ 93.5% reported, “Because of what I learned in this presentation, I am less likely to use substances.”
 - ✓ 87% reported, “This presentation has made me more likely to talk to a trusted adult if I (or someone I know) is experimenting with drugs or alcohol.”
 - Regarding the presentations about the importance of good mental health: A total of 128 students were in attendance for these 6 presentations. The students who were involved in these outreaches reported the following outcomes:
 - ✓ 98.4% reported that “this presentation helped me better understand the importance of having good mental health.”
 - ✓ 91.4% reported, “I am likely to apply some of the ideas I learned today to improve my own mental health.”
 - ✓ 83.6% reported, “Because of this presentation, I am now more likely to talk to a trusted adult if I feel like I am struggling to maintain good mental health.”

Objective 2:

“The SBS program will provide at least 25 screenings the first and fourth quarters and at least 40 screenings the second and third quarters, for a total of 130 screenings during the year.”

Progress on Objective 2:

- ✓ The SBS workers conducted 52 screenings in the school setting this quarter (41 new screenings and 11 “update” screenings on students who have been in the program since last school year). These screenings included:
 - 11 screenings at Normal Community HS
 - 10 screenings at Normal Community West HS
 - 9 screenings at Regional Alternative School
 - 6 screenings at Olympia Middle School
 - 4 screenings at Central Catholic HS
 - 4 screenings at University HS
 - 3 screenings at Ridgeview HS
 - 2 screenings at Bloomington Jr. HS

- 1 screening at Olympia High School
- 1 screening at Leroy HS
- 1 screening at Lexington HS

Our strong partnership continued with Normal Community High School and Normal Community West High School this quarter, as there were 18 new students who began School Based Services there this quarter. Several of these students were referred as part of the schools' suspension reduction program. They each had earned a ten-day suspension from school for a drug or alcohol related offense. After completing a substance abuse assessment at Chestnut, their suspensions were adjusted to only five days. This allowed them to miss less academic time and also get the help they need for their substance usage.

Other outcomes of the screenings:

- ✓ We tracked the "Reason for Referral" for the new cases and several of the on-going cases for whom we provided services. Some students were referred for one specific reason, while many were referred for multiple concerns. Through the screening process, we were able to determine that:
 - 72.3% had substance use problems (including use of marijuana, alcohol, K2/spice, prescription drug misuse, cocaine, ecstasy, LSD, mushrooms and "unknown pills")
 - 32.5% were struggling with poor grades
 - 56.6% had mental health problems (including ADHD, suicidal thoughts, conduct disorder, BiPolar disorder, Tourettes, depression, anxiety/stress, panic attacks, self-harm, and OCD)
 - 25.3% had behavioral problems (i.e. misconduct in the classroom, fighting, legal problems, domestic violence)
 - 12% were struggling with school-attendance problems
 - 13.3% were experiencing peer-relational problems (i.e. bullying, social isolation)
 - 36.1% were experiencing family issues (i.e. substance use by a parent/family member; grief and loss issues in the family; adoption issues; divorce; adjustment issues)
 - 8.4% had anger-management issues
 - 2.4% presented with legal problems

Through the screening process, we helped the students understand more about their conditions and helped them access appropriate services. In addition to SBS services, we were able to help students access other community services:

- 16.9% were referred for mental health assessments/counseling
- 2.4% were referred for psychiatric assessments/care
- 7.2% were referred for formal substance abuse assessments/treatment

Objective 3:

“The SBS program will provide at least 50 intervention sessions the first and fourth quarters, and at least 100 intervention sessions the second and third quarters, for a total of 300 intervention sessions during the year.”

Progress on Objective 3:

- ❖ 334 different intervention sessions were conducted this quarter. Each student’s individual needs were addressed through these sessions, often using the evidence-based Adolescent Community Reinforcement Approach (A-CRA).
- ❖ Students and their referral-sources were surveyed at the end of the quarter to help determine specific outcomes of these intervention sessions.
 - ✓ Of those students surveyed, the following outcomes were determined:
 - 95.7% reported, “I have reduced or stopped my substance use this quarter.”
 - 82% reported, “I have improved my grades this quarter.”
 - 80% reported, “I have improved my attendance at school this quarter.”
 - 90% reported, “I have increased positive behaviors and activities this quarter.”
 - 98.5% reported, “I have improved my overall functioning this quarter.”
 - ✓ Of the referral sources surveyed, the following outcomes were determined:
 - 87% reported, “The student has shown an improvement in the original referral concern this quarter.”
 - 56.5% reported, “The student’s grades have improved this quarter.”
 - 77.3% reported, “The student’s attendance has improved this quarter.”
 - 83% reported, “The student has increased positive behaviors and activities this quarter.”
 - 80.5% reported, “The student’s overall functioning has improved this quarter.”

III. Problems Encountered and How They Were Handled

Due to increased emphasis on data collection and outcomes, more hours this quarter were spent on data collection and documentation than before. More time spent on data collection and documentation means less time working directly with the students.

IV: What do you see as the most significant areas of remaining need, with regard to improving services for those you serve?

It would be ideal to have more staff members in the schools. This would allow us to see students more often, as schools are requesting more services. Unfortunately, the imminent decrease in funding to this program from the Health Department may result in less staff being able to provide grant-funded services.

V: What has BOH funding allowed you to do that you could not do without this funding?

It has allowed us to have an SBS program, which we may not be able to do without the funding.

VI. Success Stories

#1:

“Steven” is a high school student who was referred by his school after testing positive for marijuana on a school-administered drug test. At that time, Steven had been using marijuana for about a year and was using four to five days each week. When he began services, he discussed his motivations for getting clean, which included not receiving any further disciplinary action at school and being able to remain on his school sports team. It was determined through the A-CRA “Functional Analysis of Use” procedure that Steven was using drugs as a way for him to feel happy and relaxed. In knowing that, we were able to discuss alternative, healthy ways that he can achieve those same feelings, without the use of substances. We also worked to establish goals surrounding his academics and extracurricular activities that would allow him to feel more satisfied with other areas of his life. While he experienced a relapse about two months after starting SBS, he was able to be honest and recognized his lack of preparation going into situations where he would be vulnerable. This opened up a conversation around refusal skills and recognizing high risk situations and individuals who he should avoid. By discussing those topics, Steven was able to make smarter decisions in terms of his social activities, and to anticipate how he would respond and react should he find himself in a situation where drug use is occurring again in the future. He was able to use these skills to make better decisions when he attended his school’s Prom soon thereafter. We also worked together to identify the positive aspects of his period of non-use as a way to motivate him to get back on the right track. Since then, Steven has remained clean from marijuana and is committed to staying that way, with his main goal of graduating high school at the forefront. Knowing that changing drug use patterns is a process, we will continue to discuss relapse prevention skills to ensure he does not encounter any future setbacks. He has worked hard on his academics so far this year, improving his grades to A’s and B’s, and has been accepted to a few different universities. Steven will soon be making his final decision as to which school he will attend for college in the fall and is looking forward to his future endeavors.

#2:

“Jessica” is a high school student who was referred to SBS by her guidance counselor. At the time of her referral, Jessica was in need of some support to deal with problems resulting from an unstable family background and her personal substance use. Since enrolling in SBS, she has been able to receive guidance to assist her as she has battled with poor academic performance, a lack of pro-social activities, conflicts with peers and family members, and at the root of it all, a recurring substance abuse problem. Jessica has always had good intentions of putting all of the pieces of her life together so that she can be successful, but has struggled to follow through on a consistent basis. She had experienced short periods of abstinence with her substance use, but had never been able to stay clean for a considerable amount of time, even though she has worked hard to develop the tools necessary to do so through her involvement with SBS. However, many things have changed for the better for Jessica this school year. Most notably, she is now clean from the use of substances, which has caused a chain reaction of improvements in other areas of her life. Her school guidance counselor shared that she is having the best academic year since she has known her. She also reported that for the first time, Jessica has truly cared about her academics and has made such a positive turn around. She was proud to have passed all of her classes this semester, including a class that she failed last year. She is now looking forward to graduating high school next year – something that she was not sure was going to be possible initially. Jessica is also a member of a sports team at school, which is a great accomplishment for her, as she has struggled to be committed to school sports in the past. Jessica cites her desire to be on the team this year as her main motivator to stay drug free. She recently obtained her driver’s license and is looking into potential employment options for sports season is over. After several relapses in the past, she has finally come to the honest realization that her life is better without the use of substances.

#3:

“Ann” was referred to SBS at the beginning of the quarter by school staff for mental health concerns. Ann agreed to services and was nervous, but began opening up to SBS. She reported usually keeping things to herself and was not used to talking about her problems. It was determined through the screening and A-CRA procedures that Ann was “self-medicating” for mental health issues, and was beginning to suffer from problematic eating patterns. She also confided that she had never received counseling as a victim of sexual abuse when younger, despite the case going to court. Ann also reported a close family member drinking regularly, and frequently having to take care of her younger siblings. In addition, she was in a relationship that was emotionally abusive, and beginning to be physically abusive. SBS recognized the need for Ann to get as much support as possible. She agreed for SBS to refer her to two other area agencies who could provide counseling for mental health and sexual abuse. She also wanted to continue services with SBS, so we continued to work together on understanding addiction, issues related to

substance usage in the family, health coping styles, abusive-versus-healthy relationships, as well as education and support to reduce her substance use. By the end of the quarter, Ann was continuing to receive counseling services. She reported greatly decreasing her substance use, and no longer feeling a need to self-medicate. She understood her desire to use more clearly, which lead her to greatly reduce her use. Ann also was eating better and this could be observed by her gaining weight, and her overall appearance looking healthier. Ann reported letting other adults know about the abuse in her relationship. Additionally, she was becoming assertive and letting her boyfriend know she would not tolerate his put-downs and was willing to walk away from the relationship if it continued. Ann had been having thoughts of suicide when first meeting with SBS, but reported no longer having such thoughts after receiving services. She reported feeling hopeful after the first meeting with SBS, knowing there was help available. Ann is a perfect example of how SBS Early Intervention services in the schools can drastically improve the direction in a young person's life who otherwise would not know how to seek help or access services.

VII. Provide any additional information that you would like us to know about the data submitted:

Satisfaction Survey Results:

- At the end of the semester, we surveyed school personnel regarding their satisfaction with the Chestnut SBS program. The results showed a great deal of satisfaction with the program, and an overwhelming desire for *more* services in the schools. Also, the vast majority did not feel that there were too many services in the schools for students. The specific outcomes are as follows:
 - “The SBS worker interacts professionally with students”:
 - ✓ Agree/Strongly Agree: 100%
 - ✓ Disagree/Strongly Disagree: 0%
 - “The SBS worker interacts professionally with school personnel”:
 - ✓ Agree/Strongly Agree: 100%
 - ✓ Disagree/Strongly Disagree: 0%
 - The SBS worker completes classroom presentations in a professional manner”:
 - ✓ Agree/Strongly Agree: 100%
 - ✓ Disagree/Strongly Disagree: 0%

- “The SBS worker is helpful in dealing with students regarding social, emotional, and/or mental health issues”:
 - ✓ Agree/Strongly Agree: 100%
 - ✓ Disagree/Strongly Disagree: 0%
- “The SBS worker is helpful in dealing w/ students regarding substance use issues”:
 - ✓ Agree/Strongly Agree: 100%
 - ✓ Disagree/Strongly Disagree: 0%
- “Our students have benefitted from services provided by Chestnut”:
 - ✓ Agree/Strongly Agree: 100%
 - ✓ Disagree/Strongly Disagree: 0%
- “We would like to continue to utilize services provided by Chestnut”:
 - ✓ Agree/Strongly Agree: 100%
 - ✓ Disagree/Strongly Disagree: 0%
- “You would like for there to be more services available to students in the school setting”:
 - ✓ Yes: 78.6%
 - ✓ No: 7.1%
 - ✓ Unsure: 14.3%
- “You think there are already too many services for students in the school setting, and there should be less services”:
 - ✓ Yes: 0%
 - ✓ No: 85.7%
 - ✓ Unsure: 14.3%

Additionally, we received several items of feedback on these surveys, including:

- “We would love for Valerie to have *more time* with our huge population of 2,100 students.”
– Guidance Counselor, Normal Community HS
- “Valerie works great with our kids. She is very helpful to all our teachers. Can’t say enough good things about your services. Valerie has always been a big part of helping our students. She has been here many years and we would like to keep her for many more. She has developed a rapport with our students and they want to meet with her, not anyone else.”
– Administrator, Ridgeview Jr./Sr. HS

- “Amanda does an excellent job with our students, and we are very appreciative of her being able to be here on campus.”
– Guidance counselor, University High School.
- “We are so thankful to have Valerie. We benefit very much from having Valerie work with our students. I really hope we can continue to receive services in the coming years.”
– Guidance Counselor, Olympia HS.
- “Valerie is always professional with students. 100% positive and professional interactions with staff. Students seek out her guidance. Very impactful interactions with students. Huge asset to our program and students population. Valerie is a tremendous asset to our students and their families. Our student population has a very high rate of substance use/abuse. I would love to have the opportunity for Valerie to be present for more days a week, with the opportunity to create additional time for facilitating intervention groups and supports for students and their families.”
– Administrator, Regional Alternative School
- “Amanda has been a great resource for our students. She gets how the school system works, and really respects the teachers/students.”
– Guidance counselor, Normal Community West HS
- “Valerie is wonderful and we really appreciate having her here. I am a first year guidance counselor, and having her not only as a referral source but as someone to consult with regarding mental health issues at our school has really helped me better work with our students.”
– Guidance Counselor, Ridgeview Jr./Sr. HS

The Center for Youth and Family Solutions

52

Primary problem area(s) of clients seen Substance Abuse, Criminal Offenses and Legal Issues

Please attach a brief narrative of:
Program Activities
Progress in achieving program objectives
Problems encountered and how they were handled

**CY 15 – Annual Report
Moral Reconciliation Therapy - MRT**

I. Program Activities

The MRT group continues to meet on a weekly basis. The group met 50 times over the course of the year. 20 new members were added over the course of the year and 21 were discharged from the group. Of the 21 that were discharged, 11 graduated from the program, 8 were incarcerated and 2 were allowed to drop out of the group.

We continue to collaborate with Court Services, Chestnut and the McLean County Jail on MRT. We continue to meet in order to ensure all programs are delivered with fidelity. We talk about issues as they arise and provide support to one another. Several group members have transitioned back and forth from our group to the group at the Jail. We have also worked with Chestnut to ensure our group members that are currently involved in residential programming at Chestnut are allowed to participate in our MRT group. MRT has expanded within the community, in addition to Chestnut's group for females, the group at the Jail and our group, McLean County Court Services recently began offering 2 MRT groups. 1 group works with juvenile offenders and the other works with adult offenders that are not involved with McLean County Problem Solving Courts. The facilitators of the Court Services groups have joined the quarterly facilitators meetings.

II. Progress on the objectives defined in your application.

70% of referred probationers will successfully complete the MRT Program

During CY 15 21 participants were discharged from the program

53% Were Successful

38% Were Incarcerated

9% Neutral (were allowed to drop out of group because of work conflicts or probation completion)

70% of participants who successfully complete our MRT program will not recidivate in the year following (no new felony or misdemeanor convictions)

Of the 22 participants who have successfully completed the program (since program inception), only 4 has been convicted of a new offense (82%)

80% of group participants will report they are either satisfied or very satisfied with the overall services provided through the MRT program.

21 Satisfaction Surveys have been submitted since program inception

100% of group participants reported they were either satisfied or very satisfied with overall services provided through the MRT Program.

100% also stated that they would recommend CYFS services to others

We will continue to complete MRT Fidelity Checklists on a quarterly basis.

Fidelity Checklist have been completed and submitted with our quarterly reports. The Checklist indicate that the group continues to be facilitated with fidelity to the program model.

70% of program completers will show improvement through pre and post testing utilizing the Texas Christian University Criminal Thinking Scales (conducted on the 22 participants that have successfully completed the program)

TCU Criminal Thinking Scale

- Entitlement – 9 improved; 11 remained the same; 2 regressed
- Justification – 12 improved; 9 remained the same; 1 regressed
- Power Orientation – 12 improved; 8 remained the same; 2 regressed
- Cold Heartedness – 17 improved; 1 remained the same; 4 regressed
- Criminal Rationalization – 13 improved; 3 remained same; 6 regressed
- Personal Irresponsibility – 14 improved; 5 remained the same; 3 regressed

TCU Social Functioning Scale

- Hostility – 12 improved; 8 remained the same; 2 regressed
- Risk Taking – 13 improved; 6 remained the same; 3 regressed
- Social Support – 11 improved; 9 remained the same; 2 regressed
- Social Desirability – 10 improved; 9 remained the same; 3 regressed
- Attentiveness – all 22 remained the same

III. Problems encountered during the reporting period.

No significant problems were encountered over the course of the year. One issue has arisen as more participants have graduated from the program is a shrinking number of group participants. At the request of Court Services and in consultation with MRT trainers, we will be moving the group to be coed. The first female participants are scheduled to begin the group in January.

We are still fine tuning the optimum time for participants to begin MRT. Participants in Phase 1 of the Specialty Court process are less likely to be working, so MRT participation is less likely to interfere with work schedules. However, we have received some feedback from group participants that Phase 1 offenders are less likely to be mentally prepared to maximize the impact that MRT can provide. We are looking at trends to best serve the population in MRT and make the referral process the most effective.

The recent lower numbers of MRT participants has allowed group facilitators the opportunity to provide more informational sessions and go into more detail on the MRT stages.

IV. What do you see as the most significant areas of remaining need, with regarding to improving services for those you serve?

A significant issue noted amongst MRT participants is a lack of basic needs being met by the current social systems (e.g. housing, transportation, vocational assistance, etc.). This can lead to difficulties for the group members in attending and focusing on their treatment. In relation to this, obtaining and maintaining employment while attending MRT, as well as multiple other services and court sessions, can be quite challenging for our participants.

V. What has BOH funding allowed you to do that you could not do without this funding?

Without BOH funding, this program would not be possible through the current public funding climate. Our program is not contracted with the state to provide Medicaid mental health services for this population (and these contracts have not been opened to new providers in several decades), so we are unable to bill Medicaid for those that are eligible. Most of our participants are not privately insured. For those that are it would also require a mental health assessment leading to a diagnosis of psychiatric disorder and, in most circumstances, credentialing with the insurance company prior to billing.

In December, MRT facilitators surveyed four MRT participants regarding their form of insurance. Two of the four had Medicaid which our agency is not eligible to bill. One member had no insurance. One member had a managed care provider that our agency would potentially be eligible to bill after the development of a mental health assessment and identification of a diagnosed mental illness. Beginning in January, we will begin gathering medical insurance status as a part of our intake process.

VI. Provide any additional information that you would like us to know about your program and the effectiveness of your grant.

Graduates of the MRT program consistently provided positive feedback regarding the value of the group. One group member recently volunteered to be interviewed for our agency video, so that he could share his story on how MRT and other services our agency provides have had a positive impact on his life.

VII. Provide any additional information that you would like us to know about the data submitted.

We are extremely pleased with the recidivism rate following group completion. We believe this 82% rate is remarkable. We are less satisfied with our overall group successful completion rate of 52%. We are hopeful that this rate will increase. However, we also realize there will be some relapse with our heavily substance addicted group population. Also, some of our unsuccessful completions were the result of committing offenses that occurred prior to or shortly after group initiation. We also believe that the fact that 100% of those individuals completing our post group satisfaction survey would recommend the group to others is a great testimony to our group effectiveness.

MRT Fidelity Checklist			
Content	Yes	No	Needs Improvement - Comments
Facilitator handbook present	X		
All participants have MRT book		X	
Participant(s) without an MRT book are NOT allowed to present a step	X		The participant that forgot his book was not allowed to present (it was his first night of group).
Participants states the essence of the step they are presenting-or explain what they read prior to presentation	X		
Facilitator does not allow specific questions related to crime, etc.	X		
Facilitator does not allow participants to ramble when presenting	X		
Facilitator used the Freedom Ladder acknowledging and reinforcing positive recognition for accomplishment	X		
Facilitator encourages how to complete steps, indicates they are confident the client can do the work	X		
Step 1 testimony is presented while the client stands and guidelines are followed (no specific questions permitted)			NA
Step 3 Part 1 guidelines are followed	X		
Step 3 Part 2 guidelines are followed.	X		
Facilitator directs no value judgements (Step 4)	X		
Facilitator directs participants to follow rules of each step	X		
Praise is consistent with the offenders presentation	X		
Step 4 Reality is maintained- no +168 hours, if attempted, Facilitator reminds participant about following rules			NA

Feedback is concrete, and specific	X		
Step 5 Important relationship is related to the clients current circumstances- not presented in group	X		Client was advised to provide more detail and revise for next week.
Step 6-All public service hours are pre-approved			NA
Step 7 Facilitator assists clients to follow instructions on master goal plan, it is specific and measurable and reasonable, under their control.			NA
Step 7 Facilitator operates as a 'broker of reality' when reviewing 1, 5, and 10 year goals and assists with analyzing them			NA
Participant commits to what step they will be working on and presenting in the next group	X		
Review time is provided at the end of group	X		
Facilitator does not do therapy	X		
Were group rules and expectations for participation reviewed for new group members?	X		New member was present, participants explained rules.
If step summaries are required, were summaries passed that showed the client made an effort to read the step?			NA
Were exercises passed that complied with the instructions in the book?	X		
When an exercise was not passed by the group facilitator was the client told clearly what changes were necessary to pass the exercise next time?	X		

Were group members encouraged to seek clarification about anything they did not understand in another group member's testimony?	X		
Was the 2/3 voting rule adhered to for Steps 1,2, & 3?	X		Input was sought from all eligible to vote.
Were testimonies passed that complied with the instructions in the book?	X		
When a testimony did not pass was the client told clearly what changes were necessary to pass the testimony next time?			NA
Did the group facilitator avoid lengthy processing of steps and adhere to the structured format associated with MRT?	X		
Did the group facilitator respond effectively to behavioral disruptions? (praise, reminders, move clients, use social reinforcement, removal)			NA - it was a very respectful, well behaved group.
Were steps, including summaries, written assignments, drawings and testimonies, kept to less than 15 minutes?	X		
Did the group facilitator maintain a good pace so that interest from clients was sustained?	X		
Was extra time used effectively? (Reading a step, allowing for time to work on steps, skill focus)	X		
Did the group Facilitator manage pre and post arrival of clients, ensuring that client communication was appropriate and kept to a minimum?	X		
Were clients praised for efforts to participate and complete the steps?	X		

Observer comments:			It was an extremely positive and productive group. Participants came prepared to work and remained focus throughout the session. Facilitators did a great job of keeping the group moving forward.
If the therapist had to override a group veto, why?			NA

FY 2015 EXTENSION QUARTERLY AGENCY SERVICE STATISTICS - July 1, 2015 - December 31, 2015

Agency: McLean County Center for Human Services

Quarter: 2	Program: Crisis Intervention					
October 1 - December 31, 2015						
	Unduplicated Clients (New clients served during the quarter)	On-Going Clients	Total Clients served during the quarter	Total # of Events/Visits	Total Staff Service Hours	Total Client Service Hours * (if applicable)
Gender:						
Male	226	50	276			
Female	245	55	300			
Total Individuals Served/Hrs Provided	471	105	576			
Age Group:						
Infants (0-3)	0	0	0			
Youths (4-13)	17	1	18			
Teens (14-18)	55	1	56			
Adults (19-59)	345	90	435			
Seniors (60 & up)	52	13	65			
Total Individuals Served/Hrs Provided	471**	105	576**			
Residence:	See Narrative	See Narrative	See Narrative			
Bloomington						
Normal						
Other:						
Total Individuals Served/Hrs Provided	471	105	576	1,365	3,640	1,543
Projected Individuals/Hrs Provided	N/A	N/A	N/A	750	3,640	N/A

* Client service hours are based upon time spent with or on behalf of clients. Each individual service that meets this definition is counted as an event/visit.

**Due to the nature of certain crisis calls, full demographic information is not always obtainable. For this quarter, age information is unavailable for two individuals.

Definition of "New" Client:

An individual who has not received any crisis services in the 90 days prior to the crisis service(s) received during the specified time

**QUARTERLY REPORT FOR MCLEAN COUNTY HEALTH DEPARTMENT
FY 2015 EXTENSION- SECOND QUARTER (OCTOBER 1 - DECEMBER 31, 2015)
NARRATIVE ATTACHMENT
CRISIS INTERVENTION PROGRAM**

The purpose of this report is to provide information regarding crisis intervention services delivered by the McLean County Center for Human Services. Information contained in this report reflects services provided by crisis team members. Services were defined as any crisis intervention, assessment, and related services provided by either the mobile or in-house crisis team.

While this report focuses on program objectives, it also contains other information not required for this purpose in order to better understand the needs and trends of the community. In order to reflect the extensive crisis services in the community and provide accurate information to other entities involved with the provision of mental health services in the county, The Center for Human Services continues to enhance its data gathering and reporting processes. Although information gathered and subsequent reports may seem similar from one quarter to another, such data cannot always be directly compared. Explanations of such information are contained in the narrative sections below.

ACRONYMS USED IN REPORT

The following are frequently used acronyms contained in this report:

- | | |
|----------------------------------------------------------------|----------------------------------------------------------|
| ➤ BPD: Bloomington Police Department | ➤ MCDF: McLean County Detention Facility |
| ➤ CYFS: Center for Youth and Family Solutions | ➤ MH: Mental Health |
| ➤ ECI: Emergency Crisis Intervention Team | ➤ NPD: Normal Police Department |
| ➤ EMS: Emergency Medical Services | ➤ PATH: Providing Access to Help |
| ➤ MCCHS or CHS: McLean County Center for Human Services | ➤ SASS: Screening Assessment and Support Services |
| | ➤ YMCA: Young Men's Christian Association |

SUMMARY OF PROGRAM ACTIVITIES

- Stabilization of individuals in crisis so that they can remain safe and function better in the least restrictive environment.
- Referral to appropriate next step following stabilization (e.g. hospitalization, counseling, case management)
- Screening and crisis counseling for walk-in and emergency Medicaid and non-Medicaid referrals.
- Screening individuals who present for psychiatric hospitalization at Advocate BroMenn or St. Joseph's Regional Medical Center.
- Conduct welfare checks on individuals identified as high-risk by other professionals. Welfare checks are often planned assessments that are non-urgent in nature. The goal of these services is to provide support and early intervention to those at risk before their symptoms become exacerbated.
- Consultation with law enforcement, educational personnel, and other medical professionals in determining the most appropriate response to mental health issues they encounter in the community.

PROGRESS IN ACHIEVING PROGRAM OBJECTIVES

FY 2015 Objectives included the following:

- 1.) 99.9% of all individuals assessed by the Crisis Team will remain safe and alive for the 24 hour period following the intervention.
 - **2nd Quarter Result:** 100% of assessed individuals were safe and alive within the given time period.
- 2.) The Crisis Team will respond to 90% of all calls seeking assessment within 15 minutes of the initial contact.
 - **2nd Quarter Result:** 99.9% of calls received a preliminary response (how quickly the crisis team responded to the request for intervention) within 15 minutes
- 3.) 75% of crisis intervention services provided by CHS staff will not result in psychiatric hospitalizations for the individual served.
 - **2nd Quarter Result:** 91% of all services (87% of calls) did not result in hospitalization for the individual served.

PROBLEMS/ISSUES ENCOUNTERED

- As discussed in the previous quarter's report, MCCHS continues to respond to the funding reduction of \$227,356 by the Illinois Department of Human Services. Actions this quarter include:
 - Revising scheduling patterns of crisis staff
 - Continuing to use cash reserves to cover the remaining shortfall in the program's budget.
- Lack of Access to Inpatient Psychiatric Facilities (During a time when the number of individuals needing inpatient care is increasing.)
 - Clinical staff attempt to place individuals in other hospitals throughout the state when local facilities are not available.
 - Clinical Staff are reassessing and offering support that might allow for any change that would defer a client from hospitalization to a less restrictive program
- Collaboration with Community Partners
 - MCCHS has continued to collaborate with several community stakeholders (including the McLean County Health Department, the McLean County Board, PATH, Chestnut Health Systems, OSF Saint Joseph, and Advocate BroMenn) to discuss community needs regarding crisis intervention services
 - Additionally, MCCHS met with representatives from both the Bloomington Fire Department and McLean County Emergency Medical Services this quarter to discuss needs and cooperative efforts.
 - MCCHS continues its cooperative efforts with the Detoxification and Crisis Stabilization Unit (CSU) in order to facilitate its success. The CSU continues to establish and refine processes in its third quarter of operation. During this time, MCCHS has worked with unit staff and met with its various leadership personnel.
 - MCCHS continues its collaborative efforts with the McLean County Health Department and other entities to implement Mental Health First Aid in the community. This is a nationally known program designed to increase education and awareness about mental health issues, including crisis recognition and intervention. The following aid trainings were presented by MCCHS staff this quarter:
 - Mental Health First Aid – Advocate Bromenn Medical Center– 10/21/15
 - Youth Mental Health First Aid – Advocate Bromenn Medical Center – 11/19/15
 - MCCHS offered several educational trainings/presentations to various community groups. These included:
 - *Suicide Prevention for the Faith Community*
 - A local clergy group sponsored this training
 - Presented at Advocate Bromenn Medical Center on 10/19/15.
 - *Mobile Crisis Services and Mental Health Information*
 - Presented to the fire chiefs of Mclean County on 10/28/15
 - *Mental Health Issues and How to Help*

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- Presented to the Bloomington Housing Authority on 10/29/15
- *Depression, Stress, and Suicide Prevention*
 - Presented to a parent group at University High School on 11/16/15

MOST SIGNIFICANT AREA(S) OF REMAINING NEED FOR SERVICE IMPROVEMENT

The most significant need in regards to crisis services is the lack of available psychiatric hospital beds. This lack of availability significantly increases a client's wait for placement.

Another significant need is increased availability of resources for basic needs (e.g. housing, utilities, transportation, etc.). Difficulty meeting these needs can increase stress levels in individuals and having increased resources can assist in alleviating their crisis.

ADDITIONAL INFORMATION REGARDING PROGRAM AND GRANT EFFECTIVENESS

CLIENT ACCOUNTS

This program/grant provides invaluable treatment to those experiencing psychiatric crises. The following are examples of client successes:

Account 1

A 58 year-old male contacted PATH requesting crisis services at his residence. He was experiencing an increase in depressive symptoms and some suicidal thoughts. During the crisis assessment, it was discovered that the individual had been contemplating methods to end his life. He was also struggling with the idea that he should cut himself with some razor blades he had in the home.

As the crisis intervention progressed, staff was able to elicit the individual's feelings of loneliness. He eventually stated that he truly did not want to harm himself and that he had a strong desire to feel more connected to other people, particularly as his limited mobility inhibits many social interactions. Crisis staff provided instructions regarding making this individual's environment safer and offered encouragement for the individual to engage more in his current treatment services, particularly overcoming his barriers to attending appointments.

The individual stated he was very grateful for the time spent with him and for making him feel less stressed and depressed. He stated that if it had not been for crisis staff taking the time to talk to and encourage him, he would likely continue to be depressed and suicidal.

Account 2

A 26 year-old female was experiencing increased symptoms including disorientation and unsafe behaviors. A family member contacted the crisis team requesting an assessment at the client's residence due to their concerns that the individual would attempt to harm herself. During the initial phase of the assessment, the individual was agitated and did not want to speak with crisis staff, even trying to intimidate them. Subsequently, the crisis staff focused the intervention on safety, particularly when the individual disclosed that she was contemplating walking into traffic because it "would be a good idea". She then became erratic and started to throw and break items around the house, eventually barricading herself in her room. Crisis staff worked together with law enforcement and EMS in order to transport the individual to the safe environment of the emergency room. While there, she stated that she was tired of living, nothing helps her, and she wanted to end her life. She was then hospitalized on an inpatient unit.

Upon discharge from the hospital, she contacted the crisis team to express her gratitude for their assistance in obtaining the treatment she needed. She reported feeling much more stable as well as regret regarding her treatment of crisis staff. Additionally, she stated that she would never have agreed to go to the hospital at the time, but in hindsight, she realized that she needed that level of treatment in order to obtain stability.

CALL SUMMARY

Total Calls: 1,023

- The number of times that the crisis team was requested to intervene with an individual. This intervention could be over the phone or face-to face. Clients may have multiple calls during the quarter.

Total Client Services Provided: 1,365

Total Client Service Hours Provided: 1,543

- It is important to distinguish a call from a service. Within a single call, multiple service events may occur. An example could be the crisis assessment, collaboration with a family member, and coordination with other service providers all being provided in a single crisis call.

Average Client Services (in minutes) Provided Per Call: 90.5 minutes

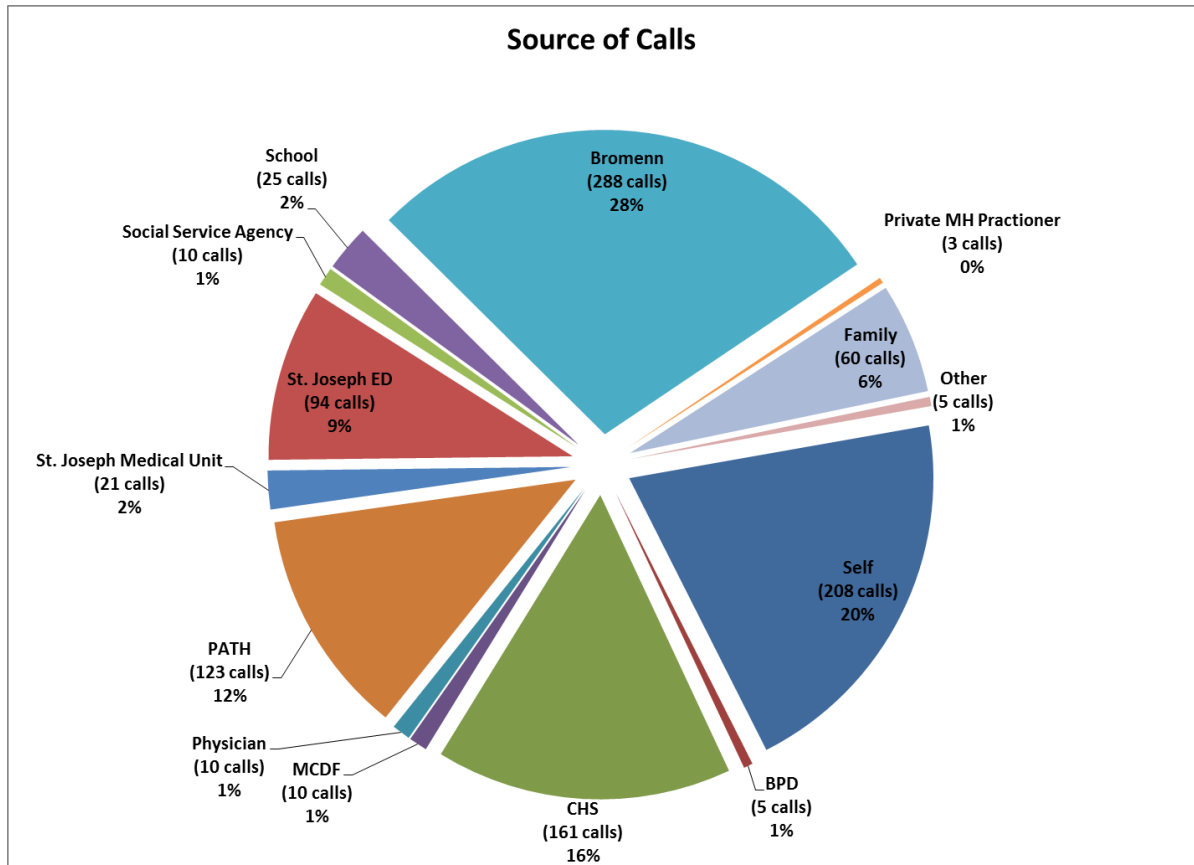
This number represents the total number of client service hours provided divided by the number of calls. This number reflects the time spent in the direct provision of service to/on behalf of an individual.

Average Call Duration: 116.7 minutes

- Duration was measured from the time of the initial contact to the end of the last service. Prior to October 2014, this measurement varied as periodically, the start time began with the beginning of the first service rather than the first contact.
 - This time period includes not only the client service time mentioned above, but also the time spent on other aspects of delivering crisis intervention. These aspects consist of both systemic and internal factors that contribute to the overall duration of the call.
 - Examples include: Time spent waiting on the client and/or collaterals, staff time spent on another call, time spent waiting on other professionals, time spent gathering information, time spent waiting for medical tests/clearance, travel time, and the time the individual was intoxicated.
- Calls can consist of phone calls, face-to face interventions, and hospitalization placements. Hospitalizations can take several hours to facilitate thus causing the average duration of calls to increase.

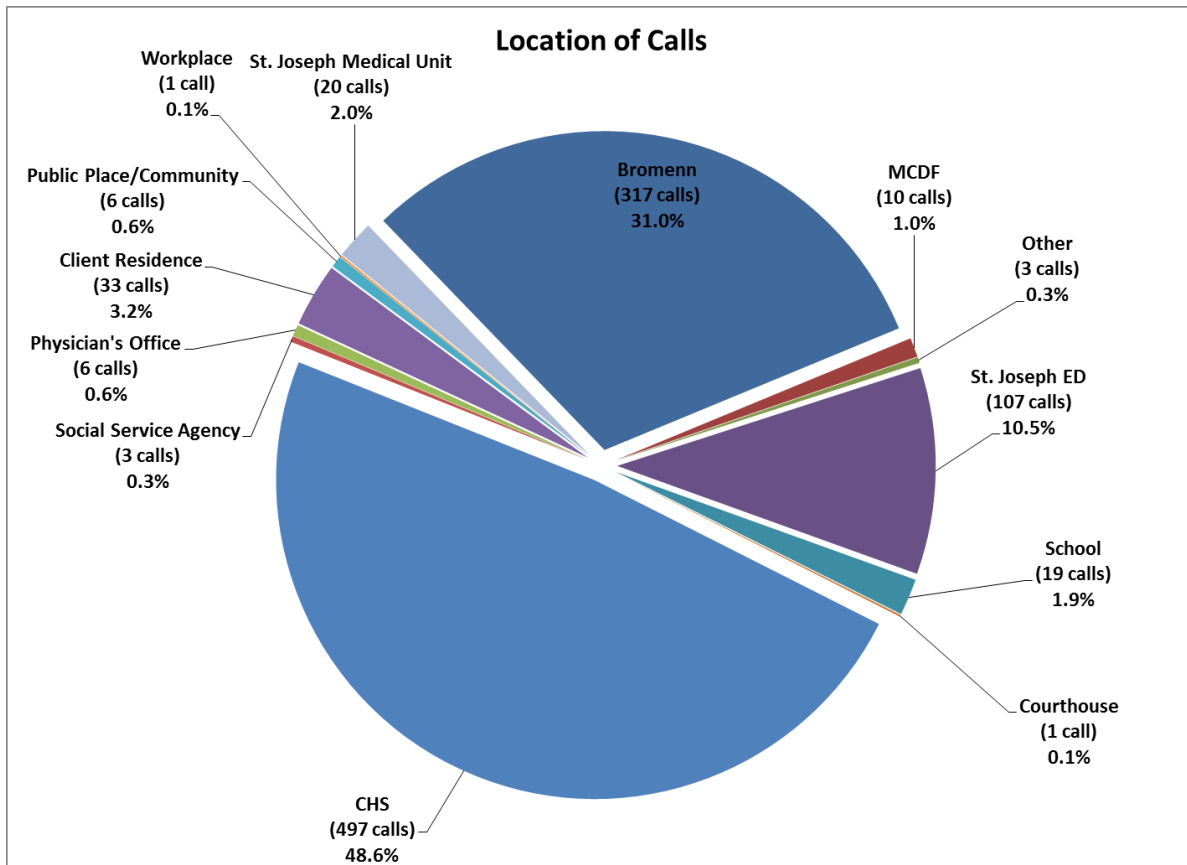
Referral Sources of Calls

- The source of the call is the person or place that initiates the Crisis intervention.
- At times, individuals seen at hospitals present with other medical symptoms, however during screening and triage the hospital staff request crisis services due to the presence of some psychiatric symptoms.
- Referrals from hospitals may be a mix of clients that were sent by other referral sources to the emergency department for assessment.
- 61% were community based with 39% generated at hospitals
- In addition to the 123 calls in which PATH was the source, there were an additional 238 calls originating from sources denoted below that PATH routed to the crisis team.



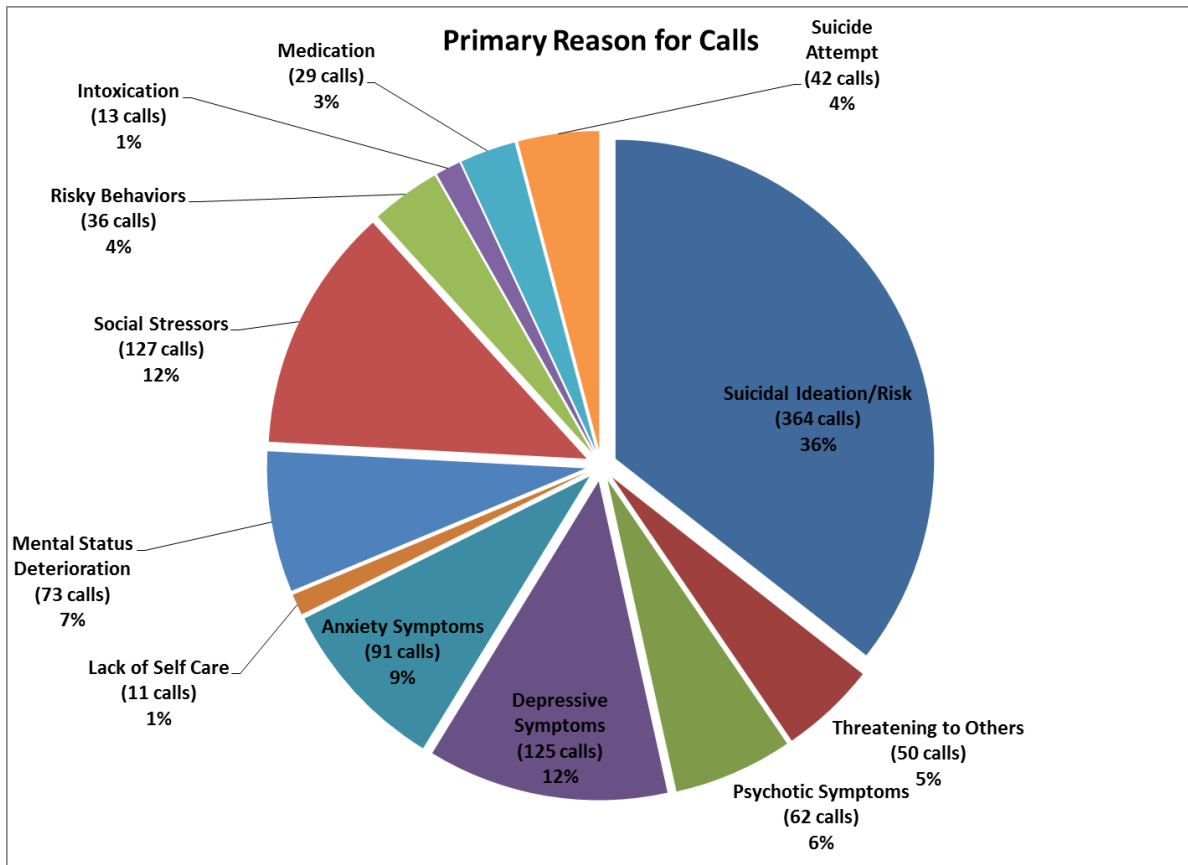
Locations of Calls

- Location of calls indicates where services are given to clients. As certain calls include services at multiple locations, the above graph denotes the location where the clinical intervention began.
 - This includes phone calls which primarily occur at McLean County Center for Human Services. This contributes to higher number of calls at this location.
- The public is encouraged to contact the McLean County Center for Human services to seek out crisis services directly either in person or over the phone.



Reasons for Calls

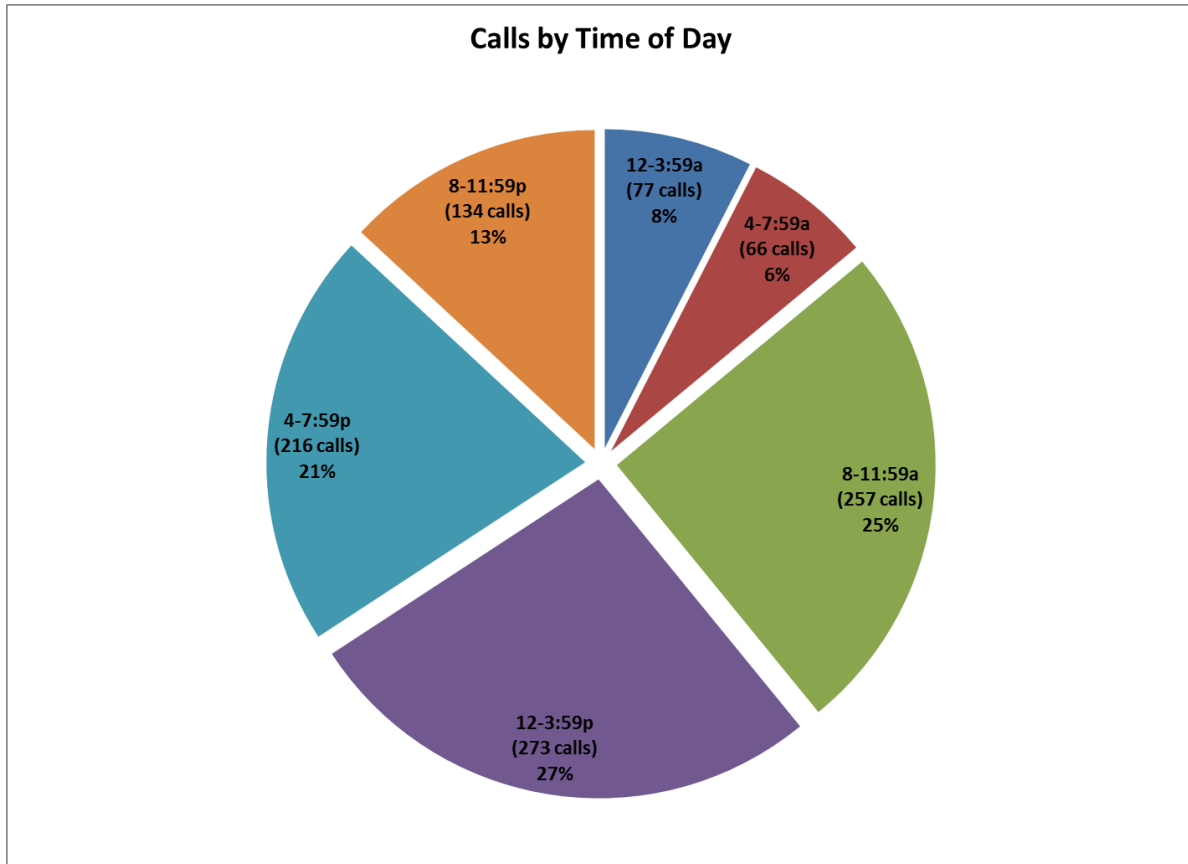
- The reason for the call is the most pressing symptom during the current crisis contact.
- 40% of calls were in response to suicidal ideation, suicide risk, or suicide attempt.
 - This includes calls handled by the crisis team due to the severity or complexity of mental health symptoms. This includes:
 - Calls transferred from PATH to the crisis team
 - Calls made directly to the crisis team



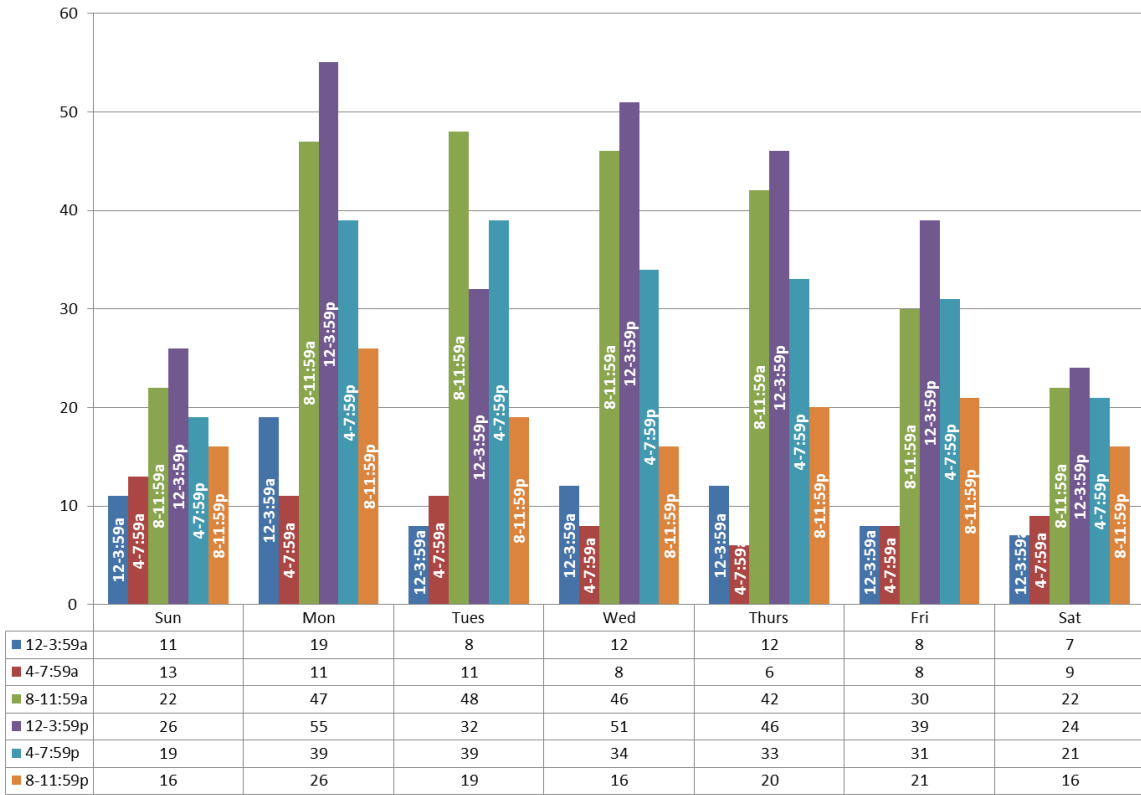
Times of Calls

The following charts represents the time periods when calls occurred.

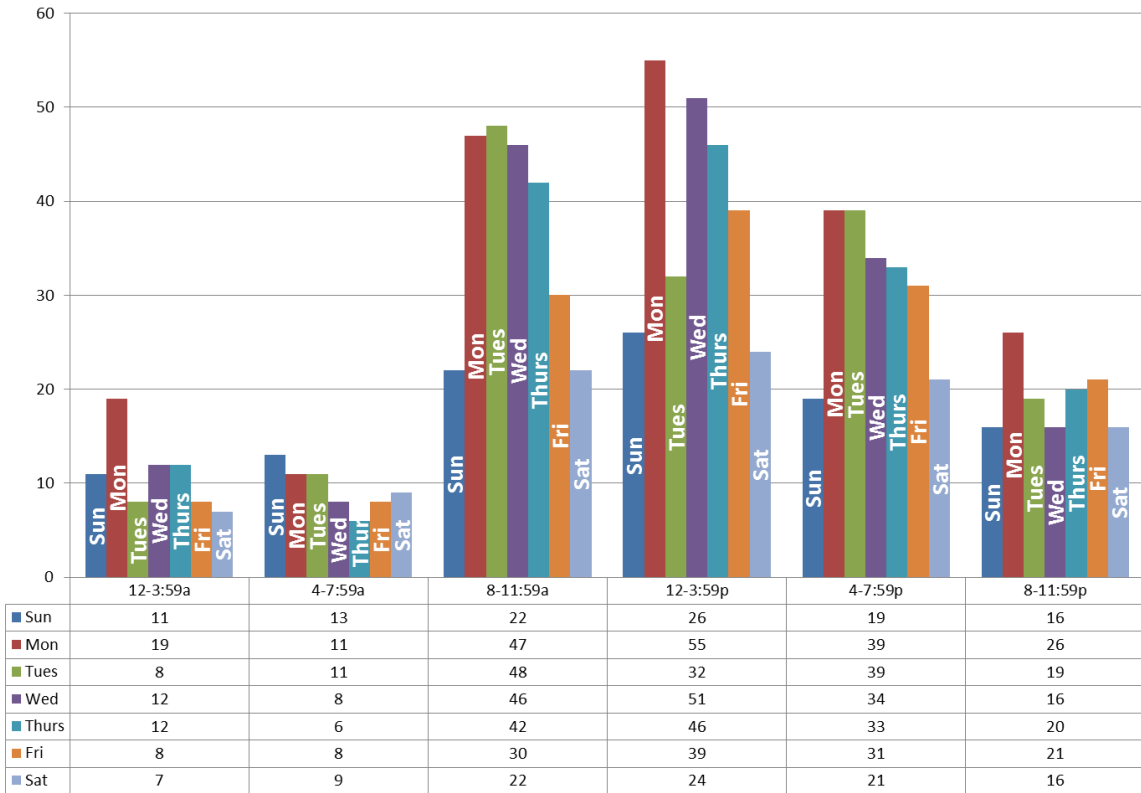
- Times listed denote the time the call started (time of first contact), not when the intervention started



Calls by Time of Day & Day of the Week



Calls by Time of Day & Day of the Week - Alternate



RESPONSE TIME OVERVIEW

CHS Average Response Time (Average Time from Initial Call Seeking Assessment to Preliminary Response from Crisis):

➤ 3 Seconds

Note: This does not imply that crisis staff were able to respond in time frame stated above (in seconds). This is simply a mean average of all response times. As response times are measured in minutes and not seconds, any response time less than 60 seconds is counted as a zero when computing the above average.

Percentage of Response Times (Preliminary Responses) within 15 Minutes:

➤ The Crisis Team responded to 99.9% of initial crisis requests within 15 minutes.

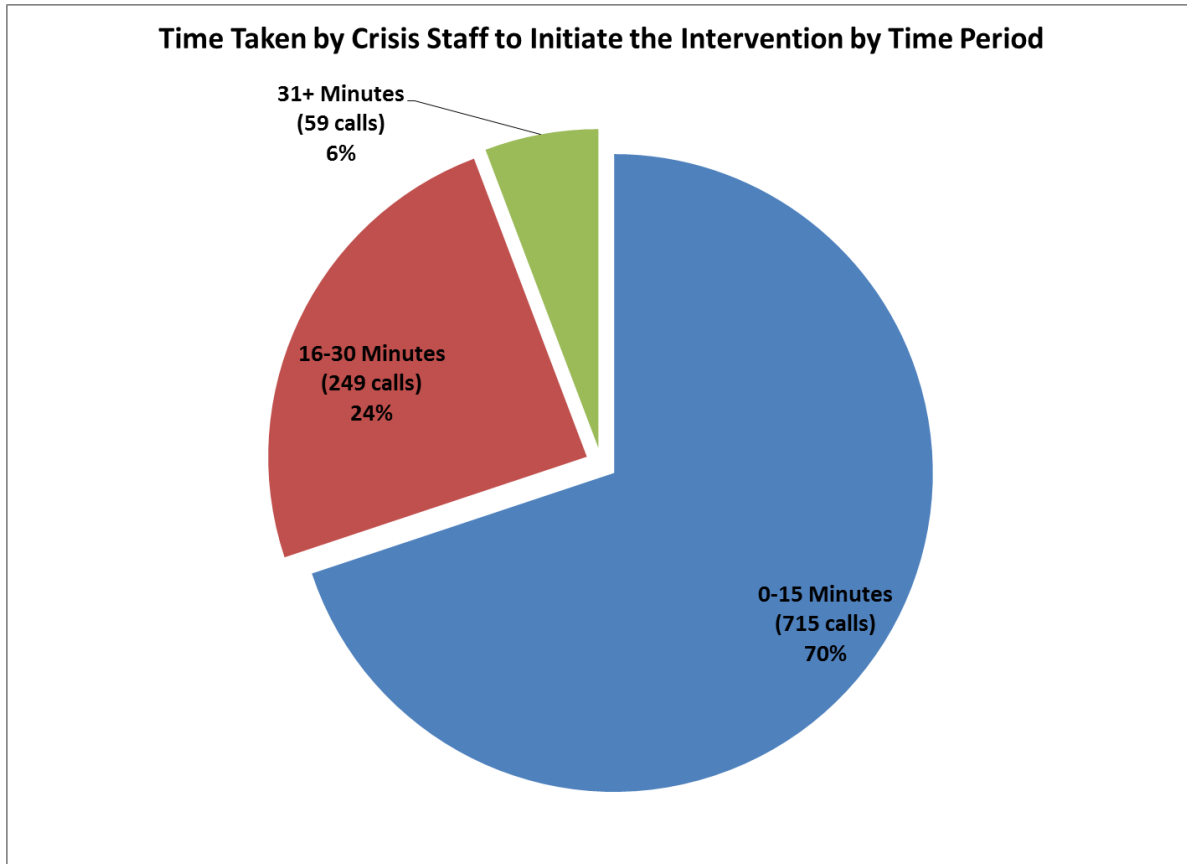
Response times refer to how quickly crisis team members respond to the request for intervention, not the start of the intervention. Response time represents the time between when someone initiates a crisis contact and the crisis worker responds to that person whether that is face-to-face or over the phone.

- The crisis worker is gathering information and planning for the crisis intervention at this time either face to face or over the phone.
- The benefit of this is that the person initiating or referring a crisis contact speaks directly with a crisis staff member to develop a plan of action.
- At times, crisis workers may be completing a crisis assessment and have to find the appropriate time to excuse themselves from that assessment in order to respond to the call. This is done as quickly as possible.

Average Time Taken by Crisis Staff to Initiate the Intervention:

➤ **10 Minutes**

The graph below represents time taken by crisis staff to initiate the intervention by time period:



Intervention start times refer to the time period from the initial crisis request to the start of the clinical intervention with the individual. Delays in intervention start times in this category include events related to CHS staff including: travel time, time spent on another call, time gathering information, etc. Delays in intervention start times caused by factors such as client intoxication and/or staff waiting on medical clearance, other professionals, family members, etc. are excluded from this calculation.

- Due to the unpredictable nature of crisis, there are periods of high demand during which multiple clients initiate crisis contact in the same time period. This can cause increased response times.
- Our team makes every effort to respond as quickly as possible to community calls outside of the hospitals due to hospitals being considered secured, monitored settings.

Average Time Taken By Other Factors Prior to the Initiation of the Intervention

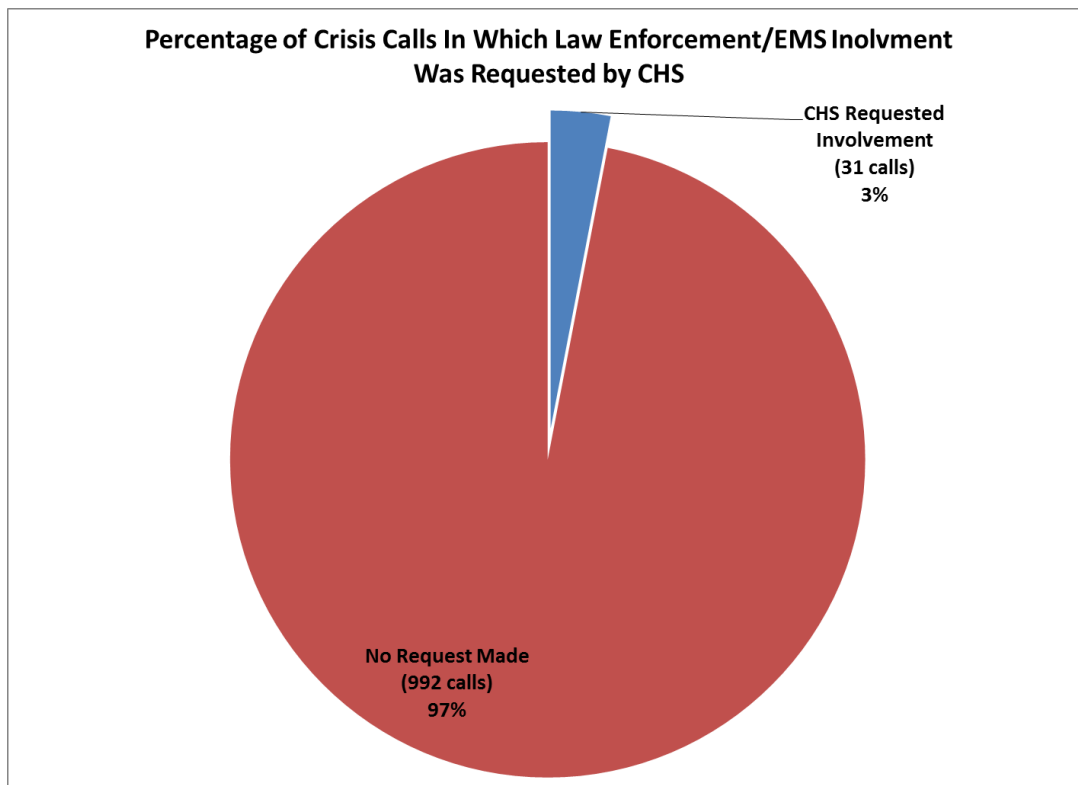
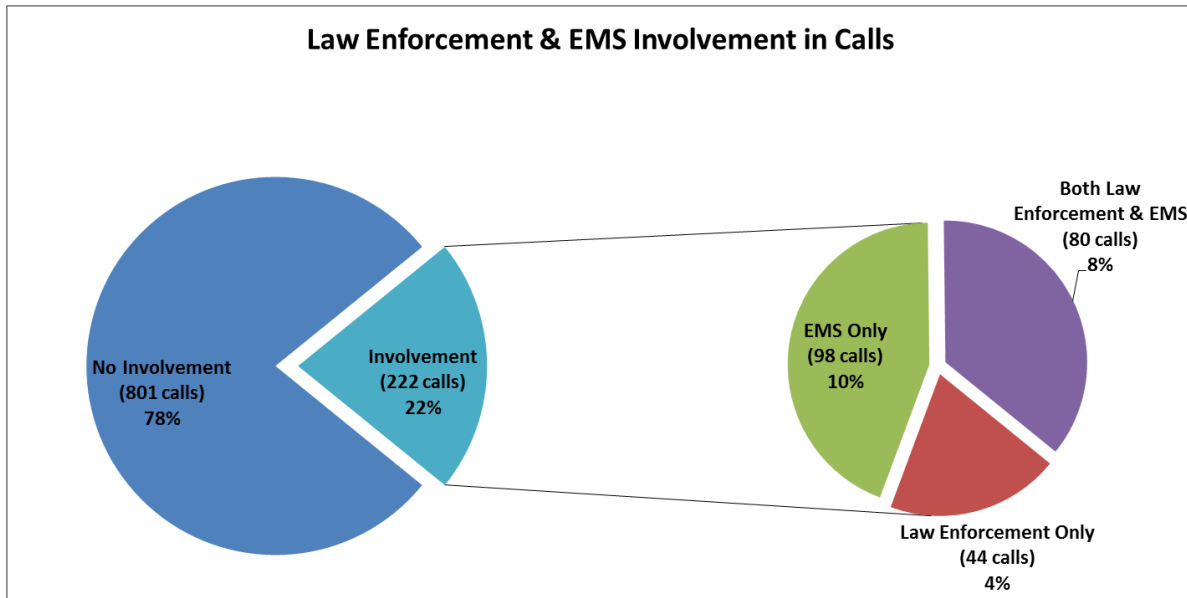
➤ **3 minutes**

Intervention start times may also be delayed by such other factors as: time spent waiting on client/collaterals, waiting on other professionals, waiting on medical tests/clearance, time client spent intoxicated, etc. In such circumstances, crisis staff may be ready and present to start the invention, but it cannot be started due to these items. Such factors are included in this category. Delays in intervention start times caused by events related to CHS staff (travel, time spent on another call, etc.) are excluded from this calculation.

CALLS INVOLVING LAW ENFORCEMENT AND/OR EMERGENCY MEDICAL SERVICES (EMS)

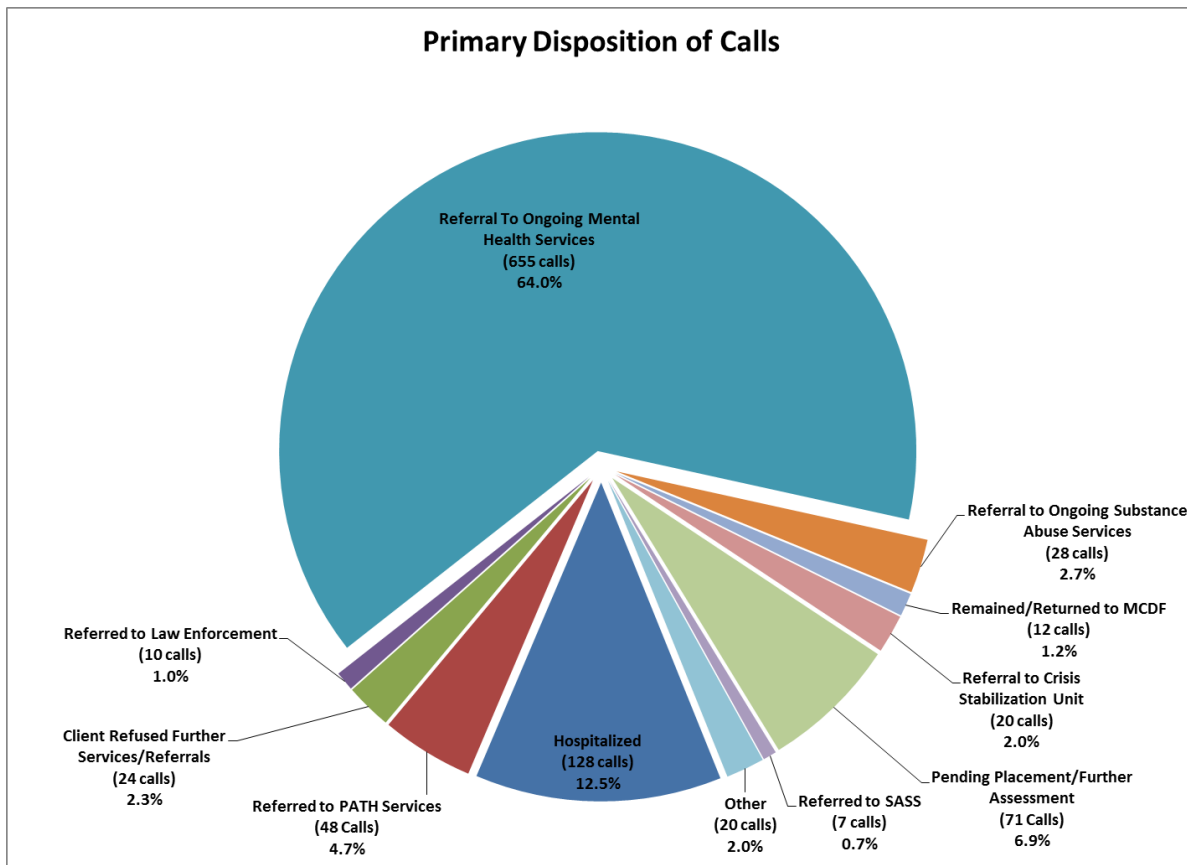
At times, law enforcement and EMS are involved with crisis interventions when there is risk involving a possibly unstable individual (homicidal intent, psychosis, history of violence, etc.). The crisis team may request law enforcement assistance if the safety of the client or others is in imminent or likely danger. Alternatively, the crisis team may be called to situations by law enforcement or to situations in which law enforcement/EMS is already present.

The following charts represent law enforcement/EMS involvement with calls. The first chart represents the percentage of calls in which these entities were involved. The second represents the percentage of calls in which the crisis team requested involvement. As indicated, CHS requested law enforcement/EMS assistance on % of all calls.



DISPOSITION OF CALLS

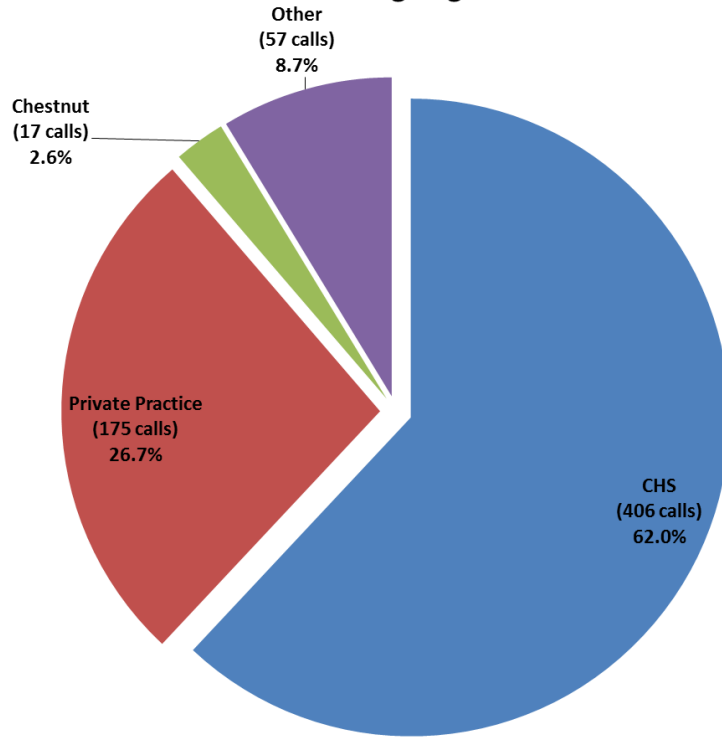
A primary disposition is the “next step” in the intervention. At times, this could be further evaluation. It can also represent a recommended course of treatment, which can include referrals to other community resources or providers as appropriate.



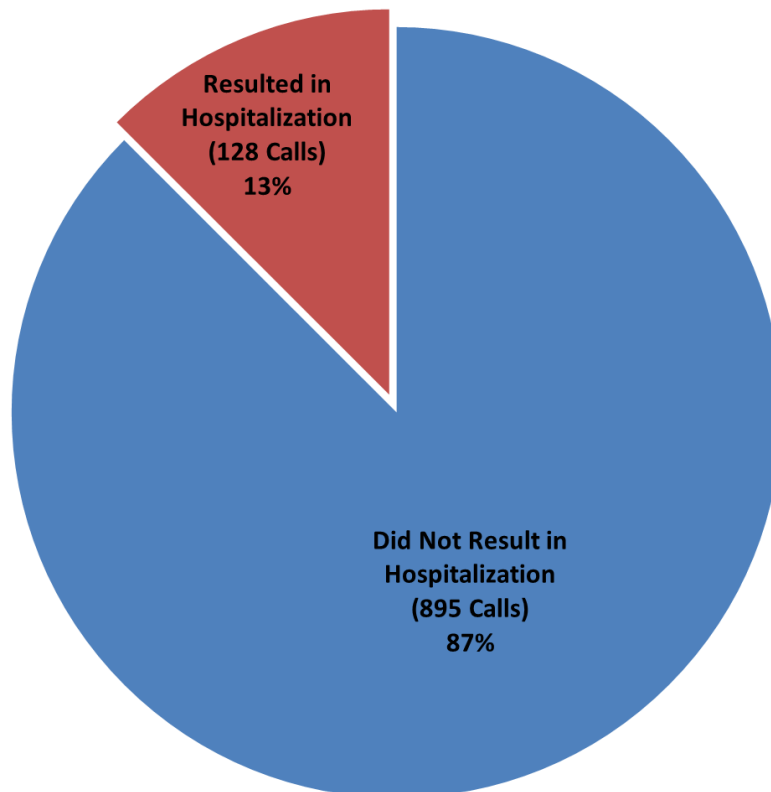
NOTE: In addition to the primary disposition, 21 calls had ongoing mental health services as a secondary referral, whereas 9 calls had ongoing substance abuse services as a secondary referral.

- 64% of calls resulted in a referral for ongoing mental health services
- Referrals to services are based on information the client provides to staff. This can include what type of insurance they may have or funding source.
- As crisis staff cannot determine which services will be provided when requesting services via 911, requests through 911 are included in referrals to law enforcement.
- Pending placement/further assessment refers to instances in which a psychiatric bed is not available or an individual may need further medical assessment/clearance. At times during such instances, a call will end. The individual may be discharged by medical or other clinical personnel prior to reassessment by CHS crisis staff
- The other category generally represents providers in primary care physician offices or out of county referrals.
- PATH’s phone line and suicide prevention line are not listed in the above chart but are generally given as a resource to all clients to call when appropriate. PATH services that are included in the chart refer to other PATH services (e.g. emergency housing, transportation vouchers, elderly services, etc.).
- As a large number of dispositions resulted in referral to ongoing mental health services or hospitalizations, the following charts illustrate further detail regarding these categories.

Locations of Referrals for Ongoing Mental Health Services



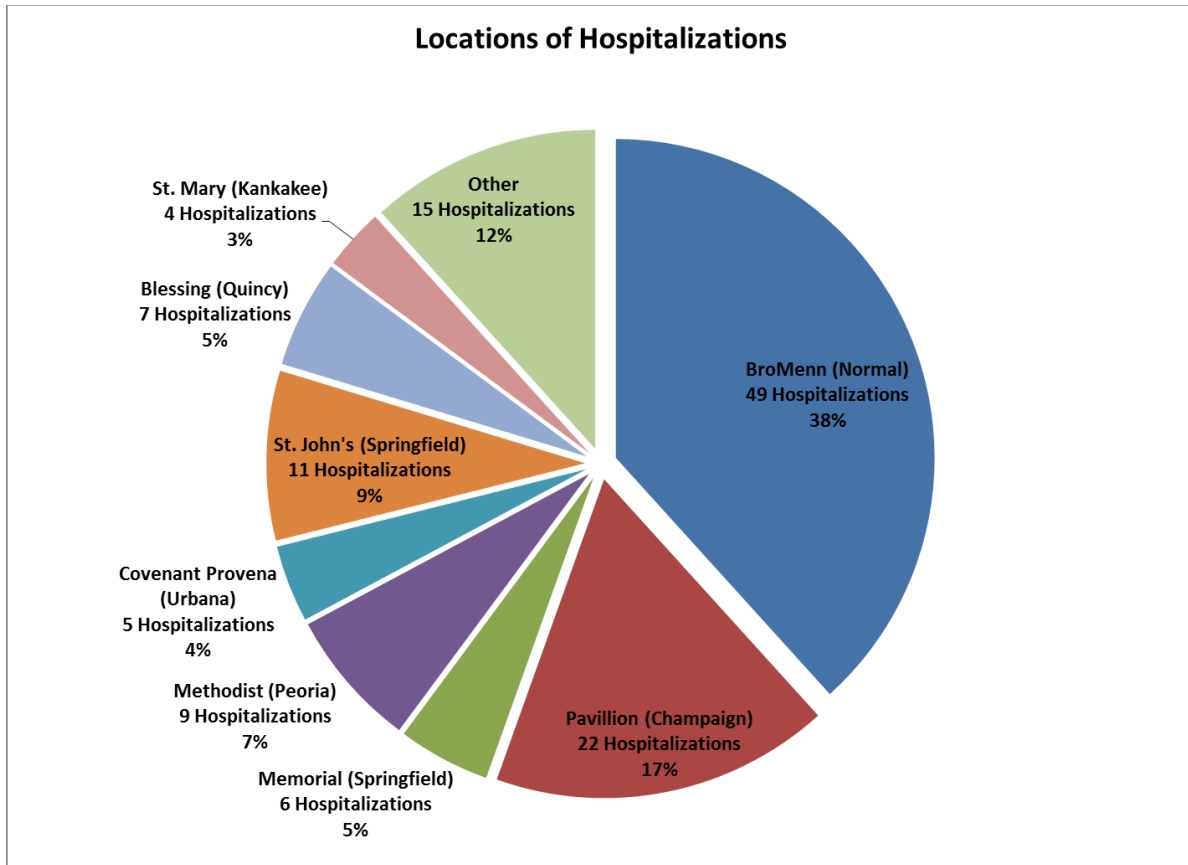
Percentage of Calls Leading to Hospitalization



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For calls in which inpatient hospitalization was recommended, the following chart indicates which hospitals were utilized for placement.



ADDITIONAL INFORMATION

Primary Problem Area(S) of Clients Served

Crisis Assessment and Stabilization

- A mental illness or emotional disruption so severe that it incapacitates an individual to the extent that he/she is unable to perform activities of daily life effectively (e.g., schizophrenia, bipolar disorder, intermittent explosive disorder, etc.)
- Suicidal or homicidal ideation, impulses, gestures
- Behavior disruptive to the community for an unknown reason
- Individuals experiencing their first psychiatric symptoms

Client Information and Residency

Unduplicated Clients Served: 576

All services took place within McLean County. Residence data is based upon addresses given to staff by clients/collaterals at the time of service. Thus, individuals designated as out of county residents may have been visiting or have temporary housing (such as students who provide their permanent address rather than their local address) in McLean County at the time of service.

RESIDENCE					
Location	New Clients	Total Clients	Location	New Clients	Total Clients
McLean County	419	518	Peoria County	1	1
Champaign County	2	2	Tazewell County	2	2
Dewitt County	11	14	Woodford County	16	18
Livingston County	11	11	Other Illinois	0	0
Logan County	3	3	Out of State	0	0
Macon County	1	2	Unknown	5	5
			Total:	471	576

MCLEAN COUNTY DETAILED RESIDENCE								
Location	New	Total		New	Total		New	Total
Anchor	0	0	Colfax	3	4	Leroy	3	5
Arrowsmith	1	1	Cooksville	0	0	Lexington	2	2
Bellflower	0	0	Cropsey	0	0	McLean	1	1
Bloomington	267	344	Danvers	2	3	Merna	0	0
61701	200	264	Downs	5	5	Normal	101	115
61702	1	1	El Paso	13	14	Saybrook	1	1
61704	51	63	Ellsworth	1	1	Shirley	0	0
61705	15	16	Gridley	2	2	Stanford	2	2
Carlock	3	3	Heyworth	8	11	Towanda	0	0
Chenoa	1	1	Hudson	3	3	Other	0	0
						Total:	419	518

FY 2015 EXTENSION QUARTERLY AGENCY SERVICE STATISTICS - July 1, 2015 - December 31, 2015

Agency: McLean County Center for Human Services

Quarter: 2	Program: Psychiatric					
October 1 - December 31, 2015						
	Unduplicated Clients (New clients served during the quarter)	On-Going Clients	Total Clients served during the quarter	Total # of Events/Visits	Total Staff Service Hours	Total Client Service Hours* (if applicable)
Gender:						
Male	30	40	70			
Female	23	45	68			
Total Individuals Served/Hrs Provided	53	85	138			
Age Group:						
Infants (0-3)	0	0	0			
Youths (4-13)	0	0	0			
Teens (14-18)	1	2	3			
Adults (19-59)	47	66	113			
Seniors (60 & up)	5	17	22			
Total Individuals Served/Hrs Provided	53	85	138			
Residence:	See Narrative	See Narrative	See Narrative			
Bloomington						
Normal						
Other:						
Total Individuals Served/Hrs Provided	53	85	138	4,067	1,875	398
Projected Individuals/Hrs Provided	N/A	N/A	N/A	N/A	1,875	450

*Client service hours are based upon time spent with or on behalf of clients. Each individual service that meets this definition is counted as an event/visit/

Note for Psychiatric Services:

Unless otherwise noted, data contained in this report and the attached narrative refers only to clients who did not have Medicaid at some point during the quarter.

**QUARTERLY REPORT FOR MCLEAN COUNTY HEALTH DEPARTMENT
FY 2015 EXTENSION – SECOND QUARTER (OCTOBER 1 – DECEMBER 31, 2015)
NARRATIVE ATTACHMENT
PSYCHIATRIC PROGRAM**

SUMMARY OF PROGRAM ACTIVITIES

Services include:

- Psychiatric evaluation
- Medication management (minimum 4 times per year)
- Medication monitoring (nurses consult for reactions to medications as well as efficacy of treatment)
- Medication training (when new medications are prescribed)
- Applications for pharmaceutical assistance programs
- Obtaining medication samples for new clients when needed
- Referrals to additional services – internal and external to assist in maintaining stabilization.
- Refills for patients
- Nurse consultation with clients who have a medication concern.
- Medication administration: daily, weekly and biweekly for those individuals who are very ill, or who are non-compliant.

PROGRESS IN ACHIEVING PROGRAM OBJECTIVES

FY 2015 Objectives included the following (**Note:** Measurement of program objectives includes data from all clients in the Psychiatric Services program, regardless of payor source):

- 1.) The program will secure at least \$400,000 in free medication (via pharmaceutical assistance programs) for individuals without income or without the means to secure the prescribed medication.
 - **2nd Quarter Result:** The agency has secured \$145,339 in free medication this quarter.
- 2.) 85% of individuals receiving psychiatric services for at least six continuous months will not require psychiatric hospitalization.
 - **2nd Quarter Result:** 98% of individuals meeting this criterion have not required hospitalization during the quarter.
- 3.) 75% of individuals seen in the program for at least six contiguous months will maintain or increase their level of functional ability.
 - **2nd Quarter Result:** 92.6% of clients have improved or maintained their functional ability during the quarter

PROBLEMS/ISSUES ENCOUNTERED

- High community demand for psychiatric services
 - The McLean County Center for Human Services (MCCHS) continues to assess all referrals and prioritize admission of those with the greatest needs.
- As discussed in the previous quarter's report, MCCHS continues to respond to the funding reduction of \$353,196 by the Illinois Department of Human Services.
 - MCCHS remains committed to providing psychiatric services to at least 1,100 unduplicated individuals during FY 2016.
 - The agency's cash reserves are being used to compensate for the reduction in funding.
 - These funding reductions may potentially have the following effects:
 - Increased psychiatric hospitalizations and increased utilization of hospital emergency departments
 - Increased contacts with law enforcement for some individuals with behavioral health issues
 - Increase in the number of crisis calls with fewer individuals able to access psychiatric services
- Community Collaboration and Primary Healthcare Integration
 - The agency continues to work with Mennonite College of Nursing at Illinois State University to provide a clinical site for their Psychiatric Mental Health Nursing students.
 - The Community Health Care Clinic and MCCHS initiated conversations regarding a potential collaboration to improve access to primary care for chronically mentally ill clients that MCCHS already serves. Many of these clients also have untreated chronic diseases. While these clients regularly go to MCCHS for mental health treatment, they are reluctant and/or do not have the capacity to engage with primary care services on their own. The idea is to bring the Clinic's services to MCCHS to provide primary care to these clients in an environment in which they are already comfortable. The two organizations as well as Home Sweet Home Ministries are currently exploring what this effort might entail, how it could be operationalized to be successful, and what, if any role the Mobile Health Project may play in this unique collaboration. If these conversations are successful and the Clinic's services can be delivered at MCCHS, the hope is to begin this collaboration in late spring or early summer 2016.

MOST SIGNIFICANT AREA(S) OF REMAINING NEED FOR SERVICE IMPROVEMENT

The most significant need in regards to psychiatric services is psychiatric prescriber availability. Lack of psychiatric prescribers is a growing concern not only in McLean County, but for the nation as well. This need applies to individuals of all income levels, not just the population traditionally served by MCCHS.

Other major areas of need affecting the individuals we serve include the lack of available inpatient psychiatric beds and difficulty in linking clients with services requiring hospitalization (such as electroconvulsive therapy, or ECT). Additionally, lack of access to affordable outpatient counseling services is an issue facing those who are underinsured or uninsured. Difficulty obtaining employment and affordable housing are also significant areas of need. MCCHS also must assist clients in overcoming challenges caused by major psychosocial issues such as difficulty obtaining employment and/or affordable housing. Such issues often exacerbate an individual's ability to maintain his/her mental stability.

ADDITIONAL INFORMATION REGARDING PROGRAM AND GRANT EFFECTIVENESS

CLIENT ACCOUNTS

This program/grant provides invaluable treatment to those without the means to otherwise obtain psychiatric services. Below are examples of clients who otherwise would not have had access to psychiatric services:

Account 1

Sam is a 24 year-old man who was self-referred to MCCHS for depression, anxiety, and self-harm behavior. He had been previously diagnosed with Bipolar Disorder, Anxiety Disorder, Borderline Personality Disorder, and Attention-Deficit Hyperactivity Disorder. Sam is employed as a certified nursing assistant and is uninsured. He identified his goal for treatment as, "I would like to get medicated so I can live a normal life and maintain my moods." When he began services at MCCHS, he stated that he had been without medications for four months and had not seen a psychiatric provider in the last year. He reported a new onset of auditory/visual hallucinations during this time period and that he had been using marijuana to help control his symptoms since the last time he took medications. Additionally, Sam reported symptoms of post-traumatic stress disorder including flashbacks and nightmares related to history of sexual abuse during his childhood.

Sam has a history of suicide attempts and psychiatric hospitalizations. He has tried multiple psychotropic medications in the past. Sam is a father of two young children and lives with his children and their mother. He reported that his current employer chose to take the government penalty and not provide medical insurance for employees.

After psychiatric evaluation, Sam was started on psychotropic medications to help with his mental health symptoms including two medications through the MCCHS Medication Assistance Program. Sam felt that by getting back on medications, he would be able to maintain his employment and continue to provide for his family. In his first month as a client, he had 11 nursing contacts along with a contact with a medical case manager. Sam just recently had his initial prescriber appointment and will return within 4 weeks for his follow-up appointment.

Account 2

Kristy is a 17 year old female referred by a local school. She came to MCCHS diagnosed with Bipolar Disorder, Anxiety Disorder, and Post-Traumatic Stress Disorder. Kristy's mother kicked her out of her home while Kristy was still a minor. She has a temporary guardian (her boyfriend's mother whom she lives with) and uses marijuana to help with her anxiety. She does not have medical insurance or a primary care physician. Kristy identified treatment goals as, "I want to feel more confident about myself. I want to be less depressed and anxious. I don't want to feel so worthless."

During her initial prescriber evaluation, Kristy reported past physical, emotional, and sexual abuse since the age of eleven (the perpetrator has since been incarcerated as a result). This summer her depression worsened to the point where she went to the emergency department, but did not meet the requirement for psychiatric admission.

She will soon be graduating from school and has an interview scheduled for a waitressing job. Kristy was concerned that her mental health symptoms would prevent her from successfully maintaining employment. After initial psychiatric assessment, she was started on medications for bipolar disorder and PTSD. She was given information regarding applying for Medicaid and also referred for counseling at MCCHS. Kristy just recently had her initial prescriber appointment and will return within 4 weeks for her follow-up appointment.

ADDITIONAL INFORMATION

Primary Problem Area(S) Of Clients Served

- Clients served have one or more diagnosed mental disorders. Some of the more common diagnoses include:
 - Schizophrenia
 - Schizoaffective Disorder & other related psychotic disorders
 - Bipolar Disorder
 - Major Depressive Disorder
 - Attention Deficit Hyperactivity Disorder
 - Intermittent Explosive Disorder
 - Obsessive Compulsive Disorder
- The severity and persistence of the mental illness results in significant impairment related to interpersonal relationships, employment, income, and quality of life for an inestimable length of time.

Referrals from McLean County Detention Facility (MCDF)

Through the collaborative efforts of all entities involved, the following result was obtained for the 1 referral CHS received from MCDF during the quarter

- For initial screening/intake appointment:
 - The individual was given and appeared for a screening appointment the day of release from MCDF.
- For prescriber appointment:
 - The individual was given a prescriber appointment 12 days after release from MCDF.
 - The individual failed this appointment.
 - After several attempts at contact and eventually through coordination with the individual's case manager at Safe Harbor, another prescriber appointment was scheduled approximately three weeks later.
 - The individual showed for this appointment, but informed staff of plans to move out of the county. A few weeks later, it was later confirmed that the individual is now residing in another county and not expected to return. Thus, the file was subsequently closed.

McLean County Center for Human Services
108 West Market Street • Bloomington, IL 61701

Residency Information

RESIDENCE					
Location	New Clients	Total Clients	Location	New Clients	Total Clients
McLean County	53	138	Peoria County	0	0
Champaign County	0	0	Tazewell County	0	0
Dewitt County	0	0	Woodford County	0	0
Livingston County	0	0	Other Illinois	0	0
Logan County	0	0	Out of State	0	0
Macon County	0	0	Unknown	0	0
			Total:	53	138

MCLEAN COUNTY DETAILED RESIDENCE								
Location	New	Total	Location	New	Total	Location	New	Total
Anchor	0	0	Colfax	0	1	Leroy	4	5
Arrowsmith	0	0	Cooksville	0	0	Lexington	1	1
Bellflower	0	0	Cropsey	0	0	McLean	1	1
Bloomington	32	84	Danvers	1	1	Merna	0	0
61701	21	57	Downs	0	0	Normal	11	36
61702	0	0	El Paso	0	0	Saybrook	0	0
61704	10	23	Ellsworth	0	1	Shirley	0	0
61705	1	4	Gridley	0	1	Stanford	0	1
Carlock	0	0	Heyworth	1	3	Towanda	0	0
Chenoa	2	2	Hudson	0	1	Other	0	0
						Total:	53	138

Referral Information

REFERRAL SOURCE FOR NEW ADMISSIONS					
Source	#	Source	#	Source	#
Self	17	Hospitals	13	Schools	0
Family	2	BroMenn	8	District 87	0
Friend/Significant Other	5	St. Joseph	1	Unit 5	0
Physician	2	Other Private	3	El Paso/Gridley	0
Employer/Business	0	McFarland	1	Heyworth	0
Religious Group/Organization	0	Other SOF		Leroy	0
Social Services	10	Veterans' Administration		Lexington	0
CHS Crisis Team	1	Law Enforcement/Corrections	4	Olympia	0
CHS Other	3	Bloomington PD	0	Prairie Central	0
PATH	0	Normal PD	0	Ridgeview	0
SASS	1	Sheriff's Department	0	Tri-Valley	0
Baby Fold	2	MCDF	1	Colleges/Universities	0
Chestnut	1	Adult Court Services	1	ISU	0
Marcfirst	1	Juvenile Court Services	0	IWU	0
Bloomington Township	0	IL Department of Corrections	2	Heartland	0
Health Department	0			Other	0
Other Social Service	1			Other	0
Total:	53				

FY 2015 QUARTERLY AGENCY SERVICE STATISTICS

Agency: Labyrinth Outreach Services to Women

Quarter: 2

Program: Labyrinth House Residential Program

	Unduplicated Clients (New clients served during the quarter)	Total Clients served during the quarter	Total # of Events/Visits	Total Staff Service Hours	Total Client Service Hours (if applicable)
Gender:					
Male	0	0	0	0	0
Female	5	12		691	265.5
Total Individuals Served/Hrs Provided					
Age Group:					
Infants (0-3)	0	0	0	0	0
Youths (4-13)	0	0	0	0	0
Teens (14-18)	0	0	0	0	0
Adults (19-59)	5	12			265.5
Seniors (60 & up)	0	0	0	0	0
Total Individuals Served/Hrs Provided					
Residence:					
Bloomington	4	12			
Normal	0	0			
Other:	1	0			
	(Heyworth)				
Total Individuals Served/Hrs Provided	12	265.5			
Projected Individuals/Hrs Provided	10	546			

Referral Source for New Admissions:

5 criminal justice system, 1 friend, 1 church, 5 other nonprofits

**Quarter 2 Report to the McLean County Health Department
Labyrinth Outreach Services to Women
Transitional Housing for Formerly Incarcerated Women
January 15, 2016**

I. Program Activities

In this past quarter we had 3 clients move in October, 2 in November, and 3 in December after their residential assessments and being staffed as a team. 1 was assessed and not approved to move in, 2 were approved and decided to take other housing opportunities, and 1 woman that was screened did not move in until the next quarter started. During this quarter, staff training was also completed and several were able to receive professional development through Mental Health First Aid and Stepping Stones trainings.

II. Progress on the objectives defined in your application.

Objective 1: Complete psychosocial assessment with each client, create a “safe space” through relationships with staff, pre-release screening and counseling, intensive case management, family reunification support, permanent housing planning/follow-up, and willingness to sign an agreement for housing/case management.

- 9 current or potential residents completed their residential assessments with staff during this quarter. Residents that were offered a place in the program and chose to move in have completed their weekly goal planning updates with staff since their move-in date. Each resident has signed an agreement for housing and case management.
- Residential orientation, daily check-ins, weekly goal updates, and resident meetings have provided opportunities to build relationships with staff within intensive case management. Each resident has shown increased levels of comfort and openness with staff over time.
- One resident moved in directly from McLean County Jail and completed pre-release screening and counseling.
- Each resident that was living in the program during the Thanksgiving and Christmas season was able to spend some amount of time with family, many for the first time in several years due to incarceration or estrangement. Residents that had been in the program for more than 30 days were able to take at least 1 overnight pass and all received emotional support from staff on reunifying with family members.
- Permanent housing planning/follow-up has not started for any residents at this time.

Objective 2: Staff will be selected based on their abilities to work with this specific population and work semi-independently. Evening staff will be required to complete Stepping Stones 40 hour training, Mental Health First Aid training, motivational interviewing, cognitive-behavioral therapy, gender responsive strategies/racial micro-aggressions, and trauma informed practice.

- A third Residential Counselor was hired during this quarter to ensure full coverage for Labyrinth House each night and is completing Stepping Stones/Mental Health First Aid training in the next quarter. Staff was chosen with over 5 years of experience in dual diagnosis substance abuse/mental health and was also trained using the requirements above. Current RCs have also started to provide mini workshops on their personal areas of expertise during team meetings such as PTSD/trauma, signs of relapse, and goal planning.
- Our small team is now fully trained and very dedicated/flexible. In the quarter that residents have lived in Labyrinth House and RCs have been working their shifts independently, the Program Coordinator/Case Manager has only had to cover 2 shifts; an impressive number for a program that is open every day.

Objective 3: Skill and support groups will be conducted in the evenings by Labyrinth residential staff.

- Residential Counselors started out this quarter by providing education and life skills to clients during resident meetings. In the following quarter, workshops and support groups are being advertised that are open to all justice-involved women, not just Labyrinth House residents. We hope to provide a safe and confidential space for groups like Stepping Stones and AA/NA for women to be able to meet on site in the near future as well.

III. Problems encountered during the reporting period.

- The Labyrinth team continues to learn from our experiences and incorporate that information into everyday practice. One example is an early resident that seemed ready for the structure and potential in the program but did not pass drug/alcohol screens or follow guidelines early on. While she ended up returning to prison due to noncompliance with parole, this situation and another relapsing resident helped the team strengthen our relationship with Chestnut staff, parole, and probation. We now feel even more prepared to help a resident through a period of relapse and get back on track, with the help of substance abuse professionals/community partners, and to better screen residents that are ready to commit to a program like Labyrinth House.
- Two residents were screened and approved to move in during this quarter and chose to pursue other housing opportunities that were less structured than Labyrinth House. While our staff was disappointed because we believed both of these women would be a strong fit, we understood their choices and encouraged each to utilize our outreach services even if they were not residents. Both women have continued to work with us voluntarily as outreach clients, settled in to their new homes, and one has found full time work.
- Because of the situations like the ones above, there is a vacancy in one apartment that the Residential Committee is currently screening applicants for. We expect to be full for the majority of 2016 and continue to have RCs work with additional outreach clients through groups/workshops.

IV. What do you see as the most significant areas of remaining need, with regarding to improving services for those you serve?

- One area of need that has been noticed is how much more support residents have needed during daytime hours than expected. Residents that call or come to the office during the day, apartment inspections, transportation help, and any unexpected needs have been covered by the Program Coordinator/Case Manager or our MSW intern who also see all of the outreach clients. For this reason, as well as the small support system our residents have, we are seeking funding to now add a mentoring component as suggested by our sister program in St. Louis.
- Labyrinth volunteers, staff, and interns continue to respond to the need for employment with this population by pairing them with our Job Coach and working towards a social enterprise business that would provide jobs for all clients while they make progress on social skills and stability.
- Funding is also being sought for improved data tracking software to help Labyrinth be more efficient in reporting on client interactions and statistics.

V. What has BOH funding allowed you to do that you could not do without this funding?

- Labyrinth would not be able to provide the services of our Residential Counselors and funding for their supervision/training without this grant. Labyrinth House is a unique program meant to help women with a high level of barriers remain free from future involvement in the court system and become financially self-sufficient in their own home in the future. There is a financial climate currently to “do more with less,” and it is important for human service agencies to work together and stretch available resources. However, the formerly incarcerated women/trauma survivors served by Labyrinth have not had their needs in a way that they could be successful in programs that house as many people as possible. Women that become homeless and have a criminal record often have a substance abuse and/or mental health barrier that makes them ineligible for either of the local shelters. Relationships with family and friends have also been strained, leaving smaller-scale housing programs like Labyrinth House as a last option. Nationally, trauma-informed reentry programs on this scale have been shown to have an average of a 10% recidivism rate (Center for Women in Transition, St. Louis, MO) while the national rate is 68% within three years (National Institute of Justice).

VI. Provide any additional information that you would like us to know about your program and the effectiveness of your grant.

The following “success stories” took place during Quarter 2 of our grant:

- 2 clients started meeting with a GED tutor on-site regularly
- 14 clients started new jobs
- 1 resident graduated from outpatient services at Chestnut and will be released from parole a year early due to the success she has shown in our program
- 1 resident was recognized for her longest sobriety anniversary in her 36 years with a celebration at the office
- 2 residents were accepted into Drug Court/Recovery Court

- 4 residents have started regularly attending AA/NA groups as a team
- 1 resident enrolled in college after not having enough stability in her life to return for several years
- 1 resident repaired relationships and trust with her immediate family enough that she is now able to spend time with and even babysit her nieces and nephews

Agency: PATH

Quarter: Oct-Dec 2015

Quarter: Oct-Dec 2015

89

Primary problem area(s) of clients serv. Attached

Please attach a brief narrative of:
Program Activities
Progress in achieving program objectives
Problems encountered and how they were handled

Narrative
October-December 2015

The Narrative should be attached to the FY 2015 Quarterly Agency Service Statistics.

I. Program Activities

This quarter was fairly quiet with the exception of a continued increase of suicide deaths. PATH worked with the Coroner to find suitable referrals for families.

II. Progress on the objectives defined in your application.

Objective 1: Prevent suicide

It is difficult to measure outcomes because the service guarantees anonymous, confidential contacts. Nationwide, centers like PATH measure the effectiveness of the hotline volunteers and telephone metrics to provide hard data on telephone response.

Annual Goal: 90% of suicide calls will positively correlate the level of lethality recorded with the call resolution. Actual: 99%

However, our success did not translate this year to reduced deaths by suicide.

Objective 2: Telephone metrics—Are we answering the calls?

- a. Goal: Abandoned call rates below 9% ACTUAL: 11%
- b. Goal: Average wait time for caller less than 40 seconds ACTUAL: 10 seconds
- c. Goal: 80 percent of calls answered within 40 seconds ACTUAL: 100%

Objective 3: Linking people to appropriate crisis services

- a. Goal: 1,500 linkages to appropriate crisis services ACTUAL: 1,426
- b. Goal: 300 patches to ECI for professional intervention in appropriate situations ACTUAL: 13

III. Problems encountered during the reporting period.

PATH's financial situation dominated the three months as we received no funding from the state for adult protective services (APS), the self-neglect program and outreach services since July 1. This money covers 8 staff positions but also pays a significant portion of our operating costs such as rent, utilities, etc. We had no income until December 22nd when we received a \$50,000 check towards the over \$200,000 owed. The entire agency was at risk of closing.

We were fortunate to receive a large line of credit from CEFCU at a reasonable rate of interest (4.5%). However, if the APS money remains in the bottleneck, we will continue to be at risk.

The small number of warm transfers to the Crisis Team reflect the preferred method of getting phone numbers. It's easy to make a mistake in the process of patching and the sound quality isn't as good.

III. What do you see as the most significant areas of remaining need, with regarding to improving services for those you serve?

Continue our past success in the fall class for volunteer crisis workers (40) so that the call center can be adequately staffed to meet the needs of McLean County. Continued involvement with the Crisis Committee as a method of identifying problems and developing solutions. Adding chat and text services to catch younger people. Increase the size of our current call center to add more operators. Upgrade computers. Finish providing quality call head sets in the call center. We have no plans to seek additional funding from the BOH for these items.

IV. What has BOH funding allowed you to do that you could not do without this funding?

We would be unable to provide supervision to the crisis line volunteers which includes on-line monitoring, call record reviews and testing on policies and protocols, and suicide record reviews.

We would lose 1FTE as a result.

V. Provide any additional information that you would like us to know about your program and the effectiveness of your grant.

We developed an in-service training on homicidal risk as a result of the mass shootings across the country. In the process we realized we had a very real case. We have a frequent caller who is generally suicidal and we had a protocol in place for this. However, the day after the San Bernardino shootings, she started threatening to shoot out a school room or place pipe bombs in crowded areas. She had the potential to carry out these threats. Police were notified and attempts were made to interview her but she bolted from her home and at this time the police are still trying to track her. She has stopped calling PATH.

VI. Provide any additional information that you would like us to know about the data submitted.

PATH, Inc.
Statistical Report
Call Form ~ Totals
10/01/2015 To 12/31/2015

Total Contacts in Date Range: 13174

406	3.082%	Suicide			
		350	86.207%	Call Originated From?	
				178	50.857% PATH Crisis Line
				172	49.143% 1-800-SUICIDE (NSPL line)
				350 TOTAL	
		301	74.138%	Lethality	
				143	47.508% Low/medium Lethality
				115	38.206% No risk indicated after assessment
				39	12.957% High Lethality
				6	1.993% In-Progress
				303 TOTAL	
		300	73.892%	Resolution	
				125	41.667% Hang up - assessment indicates no need for further
				62	20.667% Contracted (community/immediate/mental health res
				45	15% Contacted CHS/DCHRC/IHR/IMHC
				30	10% Caller refused assistance (no way to identify)
				19	6.333% Linked to regional mental health agency
				17	5.667% Traced/Caller ID-ambulance dispatched
				12	4% Warm Transfer to CHS/DCHRC/IHR/IMHC
				4	1.333% Traced/Caller ID-not dispatched
				2	0.667% Warm Transfer
				316 TOTAL	
		294	72.414%	Plan	
				224	76.19% No Plan
				70	23.81% Has plan
				294 TOTAL	
		283	69.704%	Method	
				176	62.191% Method not known
				76	26.855% Lethal
				32	11.307% Nonlethal
				284 TOTAL	
		281	69.212%	Are they alone?	
				149	53.025% Yes
				133	47.331% No
				282 TOTAL	
		258	63.547%	Depression	
				244	94.574% Yes
				14	5.426% No
				258 TOTAL	
		222	54.68%	Timing	
				195	87.838% In future/indefinite
				27	12.162% Within the next 24 hours
				222 TOTAL	

203	50%	Availability of Means		
		140	68.966%	Has to get
		65	32.02%	Already has
		205 TOTAL		
201	49.507%	Anxiety		
		171	85.075%	Yes
		30	14.925%	No
		201 TOTAL		
189	46.552%	Support System		
		103	54.497%	Feel they are alone/burden
		88	46.561%	Good support
		191 TOTAL		
183	45.074%	Alcohol/drugs ingested today		
		143	78.142%	No
		41	22.404%	Yes
		184 TOTAL		
175	43.103%	Tunnel Vision		
		80	45.714%	Open to options/sense of purpose/future plans
		48	27.429%	Hopeless/closed to options/no purpose
		36	20.571%	Helpless/trapped
		35	20%	Ambivalent to future/living
		199 TOTAL		
157	38.67%	Fear of suicide/dying		
		86	54.777%	No
		71	45.223%	Yes
		157 TOTAL		
157	38.67%	Out of touch with reality		
		126	80.255%	No
		31	19.745%	Yes
		157 TOTAL		
157	38.67%	Preparatory Behaviors		
		145	92.357%	No
		12	7.643%	Yes (giving away possessions, wrote suicide note)
		157 TOTAL		
152	37.438%	History of Suicide Attempts		
		59	38.816%	More than 2 attempts
		50	32.895%	1st attempt
		43	28.289%	2nd attempt
		152 TOTAL		
149	36.7%	Recent loss/Traumatic event		
		80	53.691%	No
		69	46.309%	Yes
		149 TOTAL		
148	36.453%	Daily Functioning		
		76	51.351%	Normal activities/relationships
		51	34.459%	Losing interest job/family/school
		25	16.892%	No interest in family/job/school
		152 TOTAL		
145	35.714%	Alcohol/drug use pattern		
		96	66.207%	None
		27	18.621%	Chronic

		22	15.172%	Sporadic
		145 TOTAL		
143	35.222%	Mood swings		
		72	50.35%	Yes
		71	49.65%	No
		143 TOTAL		
136	33.498%	History of Violence/Impulsivity		
		87	63.971%	None
		43	31.618%	Current/past history violence to self or others
		10	7.353%	Violent Fantasies
		140 TOTAL		
136	33.498%	Sexual Orientation Issues		
		129	94.853%	None
		5	3.676%	Questioning orientation
		2	1.471%	Struggling with coming out
		136 TOTAL		
126	31.034%	Sleep pattern		
		71	56.349%	decreased
		52	41.27%	Same
		3	2.381%	increased
		126 TOTAL		
126	31.034%	Suicide Survivor/Impacted by other's suicide death		
		75	59.524%	No
		51	40.476%	Yes
		126 TOTAL		
82	20.197%	Third Party		
		68	82.927%	Family/friend
		14	17.073%	Professional
		82 TOTAL		

5054 TOTAL

406 TOTAL Call Form ~ Totals

PATH, Inc.

Statistical Report

**Search Option - County and Referred, Unmet, Reason for Contact, OOD,
Site Reasons (All requests)**

10/01/2015 To 12/31/2015

Total Contacts in Date Range: 13174

4919	37.339%	McLean	
		879	17.869% Support Only
		675	13.722% Mental Illness
		413	8.396% Agency We Answer For
		330	6.709% Administration
		329	6.688% Information
		279	5.672% Senior Services
		253	5.143% Utility Assistance
		246	5.001% Rent Payment Assistance
		213	4.33% Homeless
		213	4.33% Non-Transaction Call
		188	3.822% Follow-Up
		132	2.683% General Benefits Assistance
		127	2.582% Suicide
		100	2.033% Housing
		96	1.952% Adult Protective Services (AKA Elder Abuse)
		80	1.626% Food Pantries
		73	1.484% Homeless Shelter
		73	1.484% Problem not listed
		69	1.403% Medical/Health
		52	1.057% General Counseling Services
		51	1.037% Crisis Intervention
		49	0.996% Holiday Programs
		48	0.976% Outreach Programs
		42	0.854% Transportation - Local
		41	0.834% Food
		40	0.813% Relationship Issues
		31	0.63% Support Groups
		29	0.59% Clothing
		28	0.569% Furniture
		28	0.569% General Legal Aid
		25	0.508% Medical Appointments Transportation
		25	0.508% Substance Abuse
		25	0.508% Support Group
		24	0.488% Volunteer Opportunities
		23	0.468% Comprehensive Job Assistance Centers
		22	0.447% Donations
		21	0.427% Counseling Referrals
		21	0.427% Transportation Expense Assistance

20	0.407%	Adult Protective Intervention/Investigation
20	0.407%	Housing Repairs
19	0.386%	Prescription Expense Assistance
18	0.366%	Information and Referral
16	0.325%	Domestic Violence
16	0.325%	Low Income/Subsidized Rental Housing
15	0.305%	Home Maintenance and Minor Repair Services
15	0.305%	Income Support/Assistance
14	0.285%	Child Abuse Reporting/Emergency Response
14	0.285%	Community Mental Health Agencies
14	0.285%	Geriatric Counseling
14	0.285%	Legal
14	0.285%	Prescription Assistance
14	0.285%	Substance Abuse Treatment Programs
14	0.285%	Transportation - Long Distance
13	0.264%	Material Goods/Clothing/Household
13	0.264%	Medicare Information/Counseling
13	0.264%	Psychiatric Disorder Counseling
12	0.244%	In Home Assistance
12	0.244%	Transitional Housing/Shelter
11	0.224%	Homeless Motel Vouchers
11	0.224%	Housing Authorities
11	0.224%	Temporary Financial Assistance
11	0.224%	Transportation Passes
10	0.203%	Automotive Repair
10	0.203%	Domestic Violence Shelters
10	0.203%	Hospitals
10	0.203%	Household Goods Donation Programs
9	0.183%	Dental Care
9	0.183%	Domestic Violence Hotlines
9	0.183%	Medical-Financial Assistance
9	0.183%	Municipal Police
9	0.183%	Sexual Assault
8	0.163%	Disease/Disability Issues
8	0.163%	Representative Payee Services
8	0.163%	Sexual Assault Hotlines
8	0.163%	Social Security Disability Insurance
8	0.163%	Suicide Counseling
7	0.142%	911 Services
7	0.142%	Addiction (other than alcohol & drugs)
7	0.142%	Adolescent/Youth Counseling
7	0.142%	Adult Day Services
7	0.142%	Affordable Care Act Information/Counseling
7	0.142%	Burial Services
7	0.142%	Case/Care Management
7	0.142%	Crisis Nurseries/Child Care
7	0.142%	Eyecare/Glasses
7	0.142%	Food Stamps/SNAP
7	0.142%	Home Rehabilitation Programs

7	0.142%	Homeless Drop In Centers
7	0.142%	Household Goods
6	0.122%	Advocacy
6	0.122%	Diapers
6	0.122%	Donation Pickups
6	0.122%	Elder/Dependent Adult Abuse Reporting
6	0.122%	Personal Financial Counseling
6	0.122%	Runaway/Homeless Youth Counseling
5	0.102%	Animal Control
5	0.102%	Child Passenger Safety Seats
5	0.102%	Death/Dying
5	0.102%	Detoxification
5	0.102%	Employment
5	0.102%	General Relief
5	0.102%	GLBT (Gay, Lesbian, Bisexual, Transgender) Issues
5	0.102%	Individual, Family & Community Support
5	0.102%	Medicaid
5	0.102%	Medical Equipment/Supplies
5	0.102%	Protective/Restraining Orders
4	0.081%	Child Care
4	0.081%	Comprehensive Information and Referral
4	0.081%	Crisis Residential Treatment
4	0.081%	Discount Programs
4	0.081%	Domestic Violence Intervention Programs
4	0.081%	Family Counseling
4	0.081%	Information Lines
4	0.081%	In-Home Assistance
4	0.081%	Ramp Construction Services
4	0.081%	TANF
4	0.081%	Unemployment Insurance
4	0.081%	Utility Service Providers
3	0.061%	Arts, Culture & Recreation
3	0.061%	Birth Certificates
3	0.061%	Child Abuse/Protection Services
3	0.061%	Crisis Intervention Hotlines/Helplines
3	0.061%	Directory/Resource List Publication
3	0.061%	Disaster Services
3	0.061%	General Paratransit/Community Ride Programs
3	0.061%	Home Health Care
3	0.061%	Homeless Permanent Supportive Housing
3	0.061%	Local Bus Services
3	0.061%	Long Distance Bus Services
3	0.061%	Moving Help
3	0.061%	Pregnancy Testing
3	0.061%	Public Health Information/Inspection/Remediation
3	0.061%	Social Security Retirement Benefits
3	0.061%	Transportation-Out of Town
3	0.061%	Veteran Benefits Assistance
3	0.061%	Weatherization Programs

3	0.061%	Winter Clothing Donation Programs
2	0.041%	Adult Day Programs
2	0.041%	Anger Management
2	0.041%	Assisted Living Facilities
2	0.041%	Burial/Cremation Expense Assistance
2	0.041%	Car-Purchase
2	0.041%	Centers for Independent Living
2	0.041%	Child Abuse Counseling
2	0.041%	Child Support Assistance/Enforcement
2	0.041%	Communicable Disease Control
2	0.041%	Computer Distribution Programs
2	0.041%	Credit Counseling
2	0.041%	Discrimination
2	0.041%	Discrimination Assistance
2	0.041%	Disease/Disability Information
2	0.041%	Emergency Food
2	0.041%	Ex-Offender Reentry Programs
2	0.041%	Food Banks/Food Distribution Warehouses
2	0.041%	Formula/Baby Food
2	0.041%	Friendly Visiting
2	0.041%	Furniture Repair/Replacement
2	0.041%	Glasses/Contact Lenses
2	0.041%	Hearing Aids
2	0.041%	Hearing Screening
2	0.041%	Home Delivered Meals
2	0.041%	Information Clearinghouses
2	0.041%	Juvenile Diversion
2	0.041%	Landlord/Tenant Assistance
2	0.041%	Lawyer Referral Services
2	0.041%	Long Term Care Ombudsman Programs
2	0.041%	Medical Care Expense Assistance
2	0.041%	Medicare
2	0.041%	Mental Health Drop In Centers
2	0.041%	Nursing Facilities
2	0.041%	Parenting Skills Classes
2	0.041%	Personal/Grooming Supplies
2	0.041%	Physician Referrals
2	0.041%	Prescription Drug Discount Cards
2	0.041%	Psychiatric Hospitals
2	0.041%	Psychiatric Inpatient Units
2	0.041%	Public Libraries
2	0.041%	Recycling
2	0.041%	Rent Assistance
2	0.041%	Runaway/Youth Shelters
2	0.041%	Senior Ride Programs
2	0.041%	Sexual Assault Counseling
1	0.02%	Accessibility.
1	0.02%	Activities of Daily Living Assessment
1	0.02%	Adoption

1	0.02%	Affordable housing
1	0.02%	Animal Shelters
1	0.02%	Arts and Crafts Instruction
1	0.02%	Autism Therapy
1	0.02%	Automobile Donation Programs
1	0.02%	Bed Bug Control
1	0.02%	Better Business Bureaus
1	0.02%	Building Code Enforcement
1	0.02%	Cancer Clinics
1	0.02%	Car-Gas Money
1	0.02%	Cell Phones
1	0.02%	Child Abuse Hotlines
1	0.02%	Child Care Centers
1	0.02%	Child Care Expense Assistance
1	0.02%	Child Care Provider Referrals
1	0.02%	Child Care Provider Training
1	0.02%	Children's/Adolescent Residential Treatment Facilities
1	0.02%	City Departments/Offices
1	0.02%	Cold Weather Shelters/Warming Centers
1	0.02%	College/University Campus Police
1	0.02%	Community Clinics
1	0.02%	Community Meals
1	0.02%	Consumer/Public Safety
1	0.02%	Coroner Services
1	0.02%	Counseling for Children Affected by Domestic Violence
1	0.02%	County Clerk of the Courts Offices
1	0.02%	Day Camps
1	0.02%	Day Labor
1	0.02%	Developmental Disabilities Day Habilitation Programs
1	0.02%	Disaster Relief Services
1	0.02%	Divorce Mediation
1	0.02%	Dog Guides
1	0.02%	Donor
1	0.02%	Eating Disorder
1	0.02%	Eating Disorders Treatment
1	0.02%	Education Related Fee Payment Assistance
1	0.02%	Educational Testing
1	0.02%	Emergency Shelter
1	0.02%	Ex-Offender Employment Programs
1	0.02%	Expectant/New Parent Assistance
1	0.02%	Eye Care
1	0.02%	Eye Surgery
1	0.02%	Family Maintenance/Reunification
1	0.02%	Federal Tax Collection Agencies
1	0.02%	Food Cooperatives
1	0.02%	Food Vouchers
1	0.02%	Foreclosure Prevention Loan Modification/Refinancing Programs
1	0.02%	Friendly Telephoning
1	0.02%	Gay/Lesbian/Bisexual/Transgender Advocacy Groups

1	0.02%	GED/High School Equivalency Test Sites
1	0.02%	General Medical Care
1	0.02%	Government/Economic Services
1	0.02%	Group Residences for Adults with Disabilities
1	0.02%	Health Facility Complaints
1	0.02%	Health Insurance Marketplaces
1	0.02%	Hospice Care
1	0.02%	Housing Counseling
1	0.02%	Housing Development
1	0.02%	Housing Down Payment Loans/Grants
1	0.02%	Identification Cards
1	0.02%	Immigration/Naturalization Legal Services
1	0.02%	Information and Referral Associations
1	0.02%	Maternity Homes
1	0.02%	Medical Supplies Donation Programs
1	0.02%	Military Records
1	0.02%	Mortgage Payment Assistance
1	0.02%	Nursing Home Transition Financing Programs
1	0.02%	Overspender Counseling
1	0.02%	Pediatrics
1	0.02%	Plumbing Payment Assistance
1	0.02%	Post Offices
1	0.02%	Pregnancy Counseling
1	0.02%	Prejob Guidance
1	0.02%	Psychiatric Case Management
1	0.02%	Psychiatric Day Treatment
1	0.02%	Public Guardianship/Conservatorship Programs
1	0.02%	Recovery Homes/Halfway Houses
1	0.02%	Recreational Activities/Sports
1	0.02%	Reduced Cost Motor Vehicle Registration
1	0.02%	Runaway/Homeless Youth Helplines
1	0.02%	Sheriff
1	0.02%	Sign Language Interpreter Registries
1	0.02%	Smoking Cessation
1	0.02%	Student Counseling Services
1	0.02%	Summer Camps
1	0.02%	Tax Preparation Assistance
1	0.02%	Thrift Shops
1	0.02%	transportation petrol
1	0.02%	Urgent Care Centers
1	0.02%	Vocational Education
1	0.02%	Vocational Rehabilitation
1	0.02%	Websites
1	0.02%	Wheelchairs/Wheeled Mobility
1	0.02%	WIC
1	0.02%	Women's Health Centers
1	0.02%	Work Clothing Donation Programs
1	0.02%	Youth Enrichment Programs
6339 TOTAL Referred, Unmet, Reason for Contact, OOD, Site Reasons (All requi		

Mental Health - McLean County

Calendar Year Figures

Client's County and Referred Services and Reason for Contact

10/01/2015 To 12/31/2015

Total Contacts in Date Range: 13174

1452	11.022%	McLean	
		622	42.837% Support Only
		588	40.496% Mental Illness
		47	3.237% Suicide
		13	0.895% Support Group
		11	0.758% Substance Abuse
		8	0.551% General Counseling Services
		5	0.344% Homeless Shelter
		5	0.344% Support Groups
		3	0.207% Crisis Intervention
		3	0.207% Prescription Expense Assistance
		3	0.207% Substance Abuse Treatment Programs
		2	0.138% Domestic Violence
		2	0.138% Suicide Counseling
		1	0.069% 911 Services
		1	0.069% Addiction (other than alcohol & drugs)
		1	0.069% Case/Care Management
		1	0.069% Child Abuse/Protection Services
		1	0.069% Community Mental Health Agencies
		1	0.069% Counseling Referrals
		1	0.069% Crisis Intervention Hotlines/Helplines
		1	0.069% Crisis Residential Treatment
		1	0.069% Detoxification
		1	0.069% Geriatric Counseling
		1	0.069% Sexual Assault
		1	0.069% Sexual Assault Hotlines

1324 TOTAL Referred Services and Reason for Contact

1452 TOTAL Client's County

FY 2015 QUARTERLY AGENCY SERVICE STATISTICS

Agency: PATH, Inc.

Quarter:	Program										Program									
	Clinical Follow-Up																			
	Unduplicated Clients (New clients served during the quarter)	Total Clients served during the quarter	Total # of Events/Visits	Total Staff Service Hours	Total Client Service Hours (if applicable)	Unduplicated Clients (New clients served during the quarter)	Total Clients served during the quarter	Total # of Events/Visits	Total Staff Service Hours	Total Client Service Hours (if applicable)	Unduplicated Clients (New clients served during the quarter)	Total Clients served during the quarter	Total # of Events/Visits	Total Staff Service Hours	Total Client Service Hours (if applicable)					
Gender:																				
Male	42	52	193																	
Female	41	51	173																	
Total Individuals Served/Hrs Provided	83	101	366																	
Age Group:																				
Infants (0-3)	0	0	0																	
Youths (4-13)	0	0	0																	
Teens (14-18)	1	4	11																	
Adults (19-59)	78	91	336																	
Seniors (60 & up)	4	6	19																	
Total Individuals Served/Hrs Provided	83	101	366																	
Residence:																				
Bloomington	45	50	212																	
Normal	24	30	107																	
Other	14	21	47																	

Referral Source for New Admissions:

Primary problem area(s) of clients served:

Please attach a brief narrative of:

Program Activities

Progress in achieving program objectives

Problems encountered and how they were handled

PATH
201 East Grove Street, Suite 200
Bloomington, IL 61701

QUARTERLY REPORT FOR MCLEAN COUNTY HEALTH DEPARTMENT
FY2016 - OCTOBER 1 – DECEMBER 31, 2015
NARRATIVE ATTACHMENT
CLINICAL FOLLOW-UP PROGRAM

SUMMARY OF PROGRAM ACTIVITIES

- Reports are received from the McLean County Center for Human Services after an individual has been seen by a member of the Crisis Team. CHS Crisis Team is our only referral source.
- Follow-up calls are for individuals 18 or older, in McLean County, and that have NOT been admitted to the hospital.
- The coordinator conducts follow-up assessments over the phone with individuals to evaluate the client's current mental health state, suicide risk, and review their resource needs.
- On each follow-up call, the safety and action plans will be reviewed in an attempt to break down any barriers that would reduce the client's ability to follow-through on needed treatment or other items on their action plans.
- PATH's coordinator will follow-up for a total of five times or as the client dictates.
- On each call the coordinator will do a complete resources review with the client to see what other problems may exist. It has been found that this is much easier to do this type of assessment when the client is NOT in the midst of the actual crisis.

GLOBAL NUMERIC OVERVIEW

- Number of referrals from ECI: 84
- Number of phone calls made: 366
- Average interval between referral and initial followup: 3 days
- Average length of contacted calls: 8.5 minutes
- Number having repeated contact with ECI: 3
- Suicide attempts after contact: 0
- Admitted to other area resources (hospital, CSU): 4
- Number completing all 5 follow-ups: 8

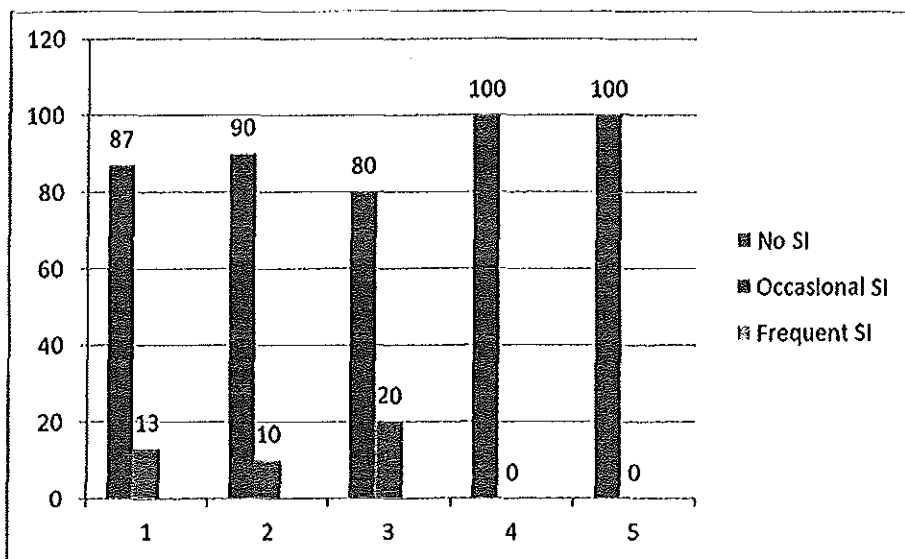
PROGRESS ON OBJECTIVES

A. Suicidal Ideation or attempts.

We see a marked decrease in suicidality over time. As the graph below shows, we see an immediate decrease in 87% of respondents reporting no SI, with only 13% reporting occasional SI at first followup. By the second followup, 90% report no SI and 10% report occasional SI. By the third followup, usually around a month later, we see a slight increase, with 80% reporting no

SI and 20% reporting occasional SI, after which all respondents report no SI. It is worth noting that no respondents reported actively seeking suicide, none had plans, and there were no attempts reported.

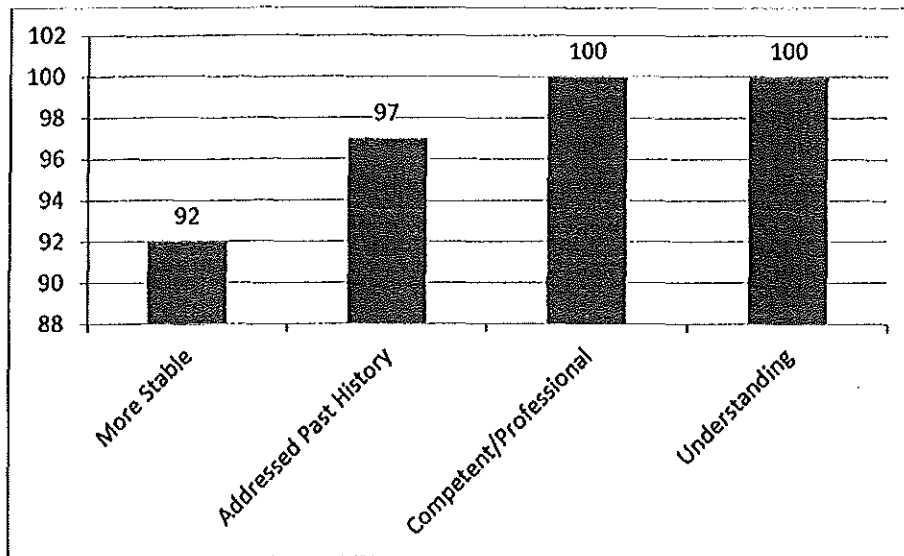
- On each call, the client reports if they have had a suicide attempt since our last contact and/or any contact with the ECI. This quarter, there have been no suicide attempts after ECI contact. Two clients reported an additional contact with ECI since the last report.



Percent Reporting Suicidal Ideation by Followup

B. Effectiveness of ECI Intervention

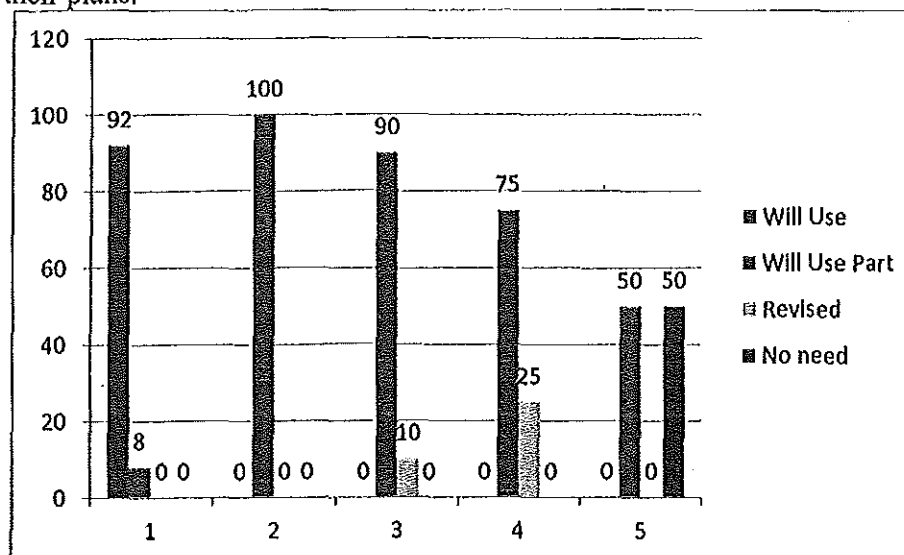
Nearly all respondents were very complimentary of the Crisis Team, remarkable considering the highly stressful situation in which they met. Respondents reported that 92% felt “more stable” due to ECI intervention, with 97% endorsing that the Crisis Team “Addressed prior history”, and 100% stated they felt the ECI were “competent and professional”, and were “understanding of my situation”.



Percent endorsing ECI evaluation items

C. Action Plan Compliance

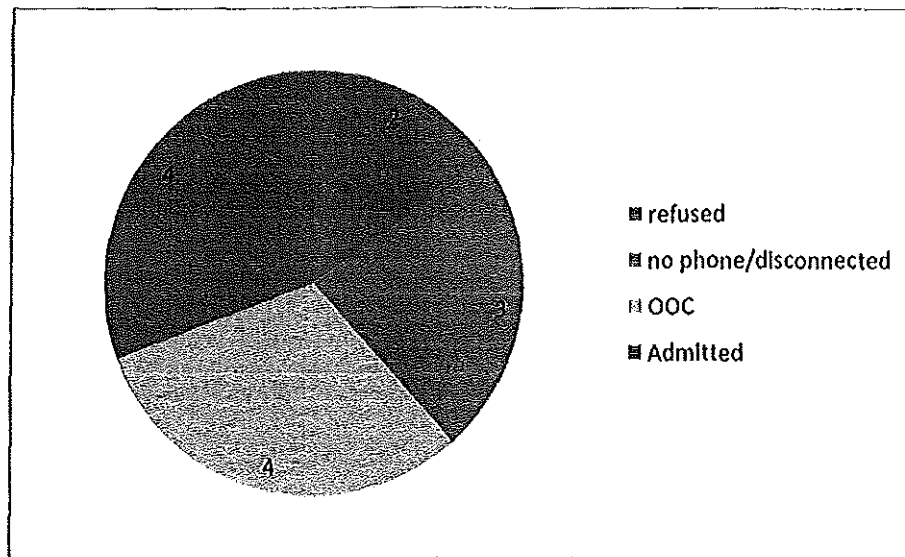
- 100% of safety and action plans were complete. Initially, 100% committed to using all or part of the Safety and Action Plan; this number changed across time as respondents utilized services. By the second followup, 100% of respondents stated they had used part of their plans.



Percent endorsing Action/Safety plan use, by followup attempt

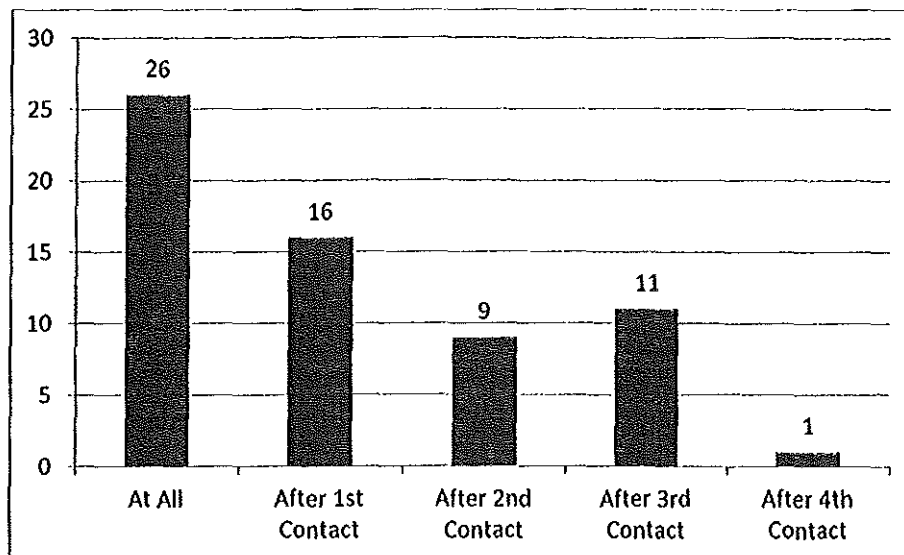
D. Unable to Contact

As before, significant numbers of respondents were simply unable to be reached. The reasons for this varied; some simply did not answer the phone (note: the Clinical Followup staff often leaves voicemail unless the respondent asks us not to. However, very few have responded to voicemail), some had phones that were out of service or disconnected, and a fair number had not set up their voicemail at all.



Number of "Unable to Contact", by reason

There is also a trend towards increasing difficulty in reaching people as followups progress. As seen below, the number we are able to contact drops off across followup attempts.

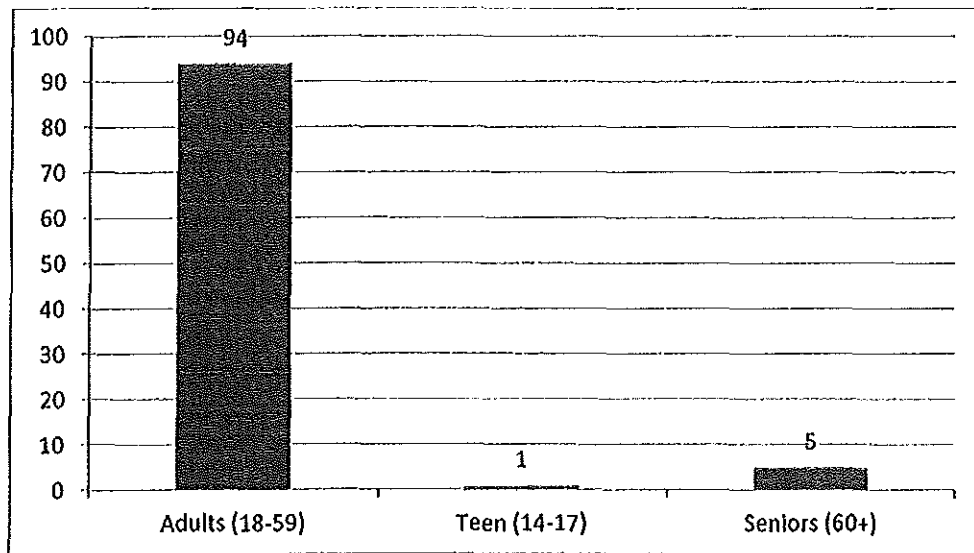


It is worth noting that we were able to complete all five followups on eight people this quarter.

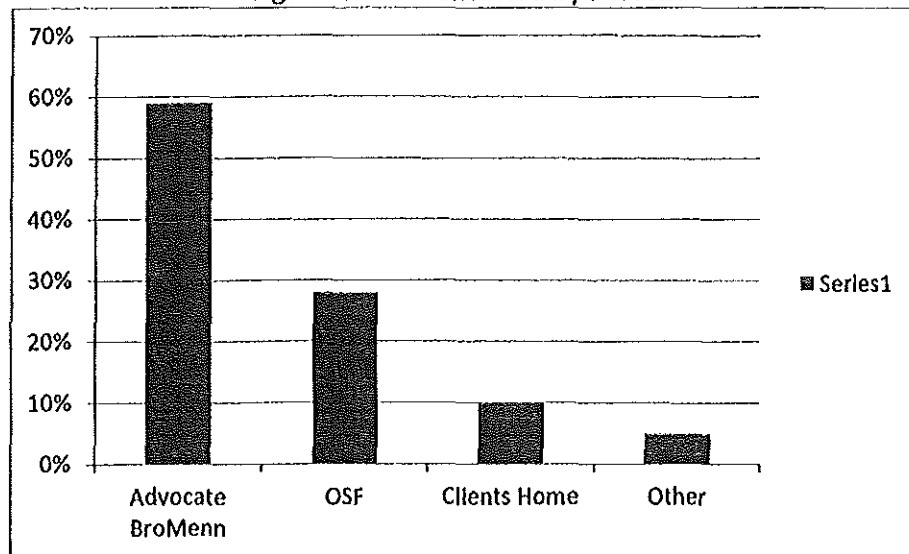
E. Resource utilization

- 90% of people with immediate needs outside of mental health treatment are connected to solutions.
 - The Follow-Up Coordinator goes over a Resource Checklist with each and every contact 100% of the time, if the client allows the time to do so.
 - The Follow-Up Coordinator made 193 total Referrals during this quarter to 28 agencies. Please see "Referrals" Chart.

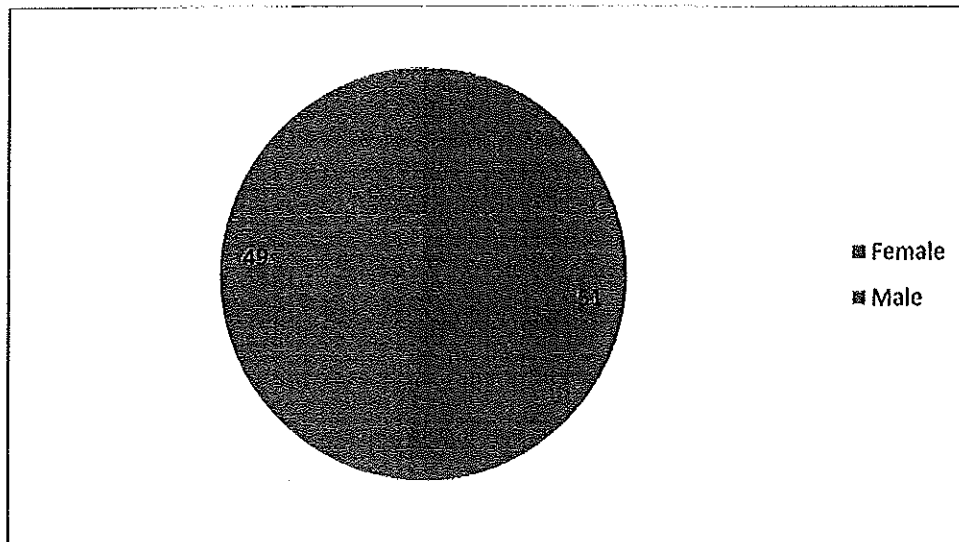
F. Demographic Information of Respondents Contacted



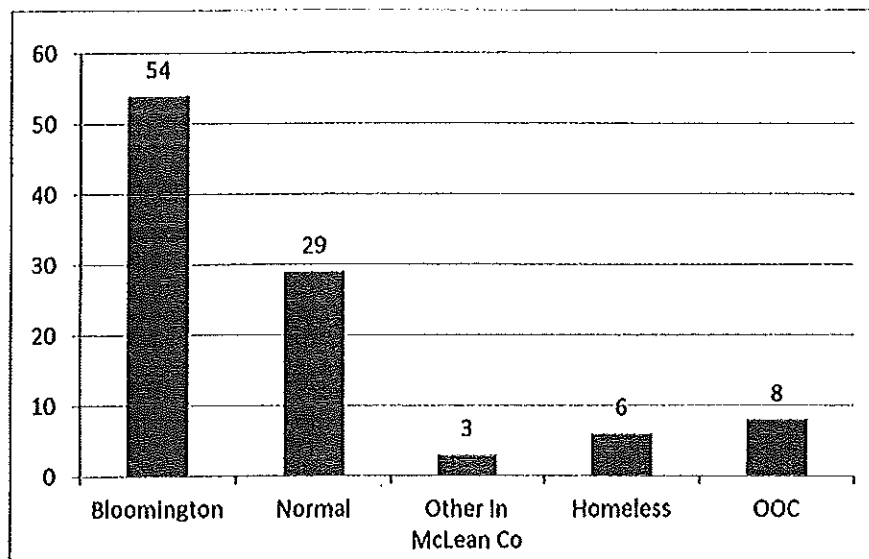
Age of Those Contacted by Percent



Place of Assessment by Percent



Gender of Those Contacted by Percent



Residence of Those Contacted by Percentage

PRIMARY PROBLEM AREAS OF CLIENTS SERVED

Follow-up clients often report financial concerns as their main source of stress. Oftentimes, the client is in need of financial assistance including rent, utilities, bus passes, affordable housing, etc. The list on the next page is a breakdown of referrals (N = 192) by agency for this quarter. During this quarter, five of the clients referred were also homeless. Each of these clients were referred to our Homeless Outreach Program at PATH for assistance in applying for SSI, finding housing, and meeting other necessary needs. Other individuals became homeless or were in danger of becoming homeless during the followup period.

Referral made by Agency October 2015-December 2015

Red Top Cab	1
Career Link	22
Bloomington Township	11
Claire House	3
ISU Counseling Center	5
Center for Human Services Counseling	14
ReStore3	
SHOWBus	3
Community Action	12
Scott Health	12
Chestnut Health Services	11
AA	9
Safe Harbor	7
Jesus House	2
Western Avenue Community Center	6
Stepping Stones3	
Normal Public Library	12
Bloomington Public Library	10
Humane Society of Central Illinois	5
ISU Health Center	4
PATH Senior services	4
PATH Homeless Services	12
Normal Township	8
Community Health Clinic	9
Faith In Action	2
OSF	1
Professionally U	1

UNMET NEEDS

Clients often are looking for more affordable housing and are put on long wait lists. Additionally, there are an increasing number of people looking for work. With the closing of the Mitsubishi Plant and the State budget crisis, it is expected that joblessness and financial concerns will increase. The large number of referrals to Career Link seems to reflect this trend.

Some clients are admitted to area hospitals or Chestnut, which removes them from our followup. These individuals need some kind of followup upon their discharge from these services.

What has BOH funding allowed you to do that you could not do without this funding?

This entire program is currently funded by BOH. If not for BOH funding, the entire Clinical Follow-Up program provided through PATH would not exist. Clients would no longer receive follow-up contacts after the crisis.

RESEARCH SUPPORT FOR FOLLOW-UP PROGRAMMING

According to SAMSHA's website follow-up programs have proven successful on many accounts, in providing additional support to the client, as well as finding the calls themselves therapeutic to the individuals that was in crisis. An ongoing evaluation suggests that following up IS an effective suicide prevention technique. In one study, 80% of participants said that the follow-up calls helped at least a little in stopping them from killing themselves.

(This was summarized from an article published on SAMHSA News Spring 2014, Volume22, Number 2 Titled Preventing Suicide: Following up After the Crisis.)

CASE STUDY/ CLIENT SCENARIO FOR QUARTER OCTOBER 1, 2015 TO DECEMBER 31, 2015

Mrs. R is a 54 year old recently divorced woman living in Normal on her own. She had been battling custody issues as well as having to cope with a messy divorce. She went out one night drinking with friends and afterwards got on I-55 Northbound, having no destination or plan to return home. She began having suicidal thoughts and decided to return and go to OSF. She did, and OSF contacted ECI who evaluated her. They developed a Safety/Action plan with her and released her after several hours.

PATH Followup contacted her 2 days later, at which time she reported no SI. We reviewed her mental status and discussed her S/A Plan. She had contacted ECI as directed and had called several counselors as suggested. She additionally was having a difficult time "feeling useful", saying she had "too much time on my hands". I recommended both area libraries, OSF volunteer program, and the Humane Society (husband had taken the dog). She agreed to followup. She did still report moderate SI and some agitation but agreed to discuss things with a therapist before taking action.

By second followup she was in counseling on a regular basis and reported no SI. She was in reading groups through both libraries and was helping walk the dogs at HSCI. She said she was looking for a dog to bring home but wanted "the right one".

Third followup was a bit more upsetting. Divorce court had been delayed twice, she felt her husband was "trying to break me". She reported occasional SI but had no plan and agreed to call PATH if she felt she was going to harm herself.

Forth followup went much better. Court was going smoother, a final date was in sight. She had adopted a cocker spaniel from HSCI. She was feeling better about herself, more confident. No reported SI "in some time".

Fifth and final followup was similar. Divorce not final yet but date is coming soon. She's getting most of her terms. She loves the dog and enjoys the exercise of walking him. Very appreciative of PATH and followup (she had called once or twice late at night when she was feeling lonely and depressed). I wished her well.

FY 2015 EXTENSION QUARTERLY AGENCY SERVICE STATISTICS - July 1, 2015 - December 31, 2015

Agency: Project Oz

Quarter: October, Nov, December		Program: Youth Individual Prevention				
	Unduplicated Clients (New clients served during the quarter)	On-Going Clients	Total Clients served during the quarter	Total # of Events/Visits	Total Staff Service Hours	Total Client Service Hours (if applicable)
Gender:						
Male	408	94	502			
Female	365	95	460			
Total Individuals Served/Hrs Provided	773	189	962	264 classes	792	
Age Group:						
Infants (0-3)						
Youths (4-14)	773	189	962	264 classes	792	
Teens (15-18)						
Adults (19-59)						
Seniors (60 & up)						
Total Individuals Served/Hrs Provided	773	189	962	264 classes	792	
Residence:						
Bloomington	407					
Normal	300					
Other:	66					
Total Individuals Served/Hrs Provided	773	189	962	264 classes	962	
Projected Individuals/Hrs Provided	760	185		264 classes	945	

FY 2015 EXTENSION QUARTERLY AGENCY SERVICE STATISTICS - July 1, 2015 - December 31, 2015

Agency: Project Oz

Quarter: Oct, Nov, December		Program: Youth Peer Prevention				
	Unduplicated Clients (New clients served during the quarter)	On-Going Clients	Total Clients served during the quarter	Total # of Events/Visits	Total Staff Service Hours	Total Client Service Hours (if applicable)
Gender:						
Male	45		45			
Female	90		90			
Total Individuals Served/Hrs Provided	135		135	4 meetings	50	
Age Group:						
Infants (0-3)						
Youths (4-13)						
Teens (14-18)	84		84		50	
Adults (19-59)	51		51			
Seniors (60 & up)						
Total Individuals Served/Hrs Provided	135		135	4 meetings	50	
Residence:						
Bloomington	4		4			
Normal	5		5			
Other:						
Reverse Trick or Treat	32		32			
5K Walk/Run Drugs out of Town	94		94			
Total Individuals Served/Hrs Provided	135		135	4 meetings	50	
Projected Individuals/Hrs Provided	100		100	6 meetings	45	

FY 2015 EXTENSION QUARTERLY AGENCY SERVICE STATISTICS - July 1, 2015 - December 31, 2015

Agency: Project Oz

October, November, December	Program: Community Prevention					
	Unduplicated Clients (New clients served during the quarter)	On-Going Clients	Total Clients served during the quarter	Total # of Events/Visits	Total Staff Service Hours	Total Client Service Hours (If applicable)
Gender:						
Male						
Female						
Total Individuals Served/Hrs Provided	0		0	0	0	
Age Group:						
Infants (0-3)						
Youths (4-13)						
Teens (14-18)						
Adults (19-59)						
Seniors (60 & up)						
Total Individuals Served/Hrs Provided	0		0	0	0	
Residence:						
Bloomington						
Normal						
Other:						
Total Individuals Served/Hrs Provided	0		0	0	0	
Projected Individuals/Hrs Provided	0		0	0	0	

Project OZ

Prevention and Education Department Quarterly Health Department Report and Narrative October, November, December 2015

This quarter of substance abuse prevention and education services at Project OZ was very busy with teaching classes of the *Too Good for Drugs* (TGFD) core and booster sessions in schools throughout the county. The classes listed below occurred in this quarter. Also, the Youth Action Board held its first ever 5K Walk/Run for prevention. They also continue to collaborate with the Boys and Girls Club to provide some prevention services to youth there, and are currently working on media items for National Drug Facts week which occurs in January.

Youth Individual Prevention:

The following classes were started in the previous quarter and ended in this quarter:

- Started TGFD core to four classes of 7th graders at Tri Valley Junior High
- Started TGFD core to three classes of 5th graders at LeRoy Elementary School
- Started TGFD booster to one class of 6th graders at Lexington Elementary School
- Started TGFD core to one class of 7th graders at Heyworth Junior High School
- Started TGFD booster to one class of 8th graders at Heyworth Junior High School

The following classes started and ended in this quarter:

- Two TGFD core classes to 6th graders at Evans Junior High School
- Two TGFD booster classes to 7th graders at Evans Junior High School
- Six TGFD core classes to 6th graders at Parkside Junior High School
- Six TGFD booster classes to 7th graders at Parkside Junior High School

The following classes started in this quarter and will continue into the next quarter:

- Three TGFD core classes to 6th graders at Evans Junior High School
- Two TGFD booster classes to 7th graders at Evans Junior High School

Our objective for individual prevention, to use a teaching schedule that maintains program fidelity, was met for this quarter. This quarter we taught 102% of our projected students. All of those are either weekly or biweekly classes as prescribed by the TGFD curriculum. We encountered no problems during this reporting period. The most significant need remains the smaller, rural districts which we don't currently serve who want services as well as services to District 87.

Board of Health funding has allowed us to serve hundreds of students who would not have received prevention services without the funds. This funding completes services to the largest district in our County, McLean County Unit 5. Providing partial services to Unit 5 won't work, so these funds are in integral part in providing full services to them.

Aside from giving students important skills and knowledge, our favorite part about the classroom experience continues to be watching a student utilize newly learned refusal skills strategies on the fly during role plays. They realize they can stand up for themselves and change tactics if the first strategy they choose is ineffective. It's rewarding to watch them be, and feel, empowered. The other plus is seeing students grow in their skills from one year to the next since we teach each of them two consecutive years.

As expected, the number of students served increased dramatically for this quarter. The majority of classes are scheduled each year between October and March. This is reflected in report numbers.

Youth Peer Prevention:

YAB is working toward our peer objective, to increase perception of harm and consequences of substance abuse with a variety of strategies. They are organizing prevention information for teens at the Boys & Girls Club. This year YAB once again carried out Reverse Trick or Treat with information on alcohol and the teenage brain given to 32 parents. Members have also been working hard on recruiting new members for this year. The current members distributed YAB informational flyers within their school during a booth set up during lunch hours. This resulted in five students taking applications to join the group. The group also reached out to Key Club, National Honor Society, culture clubs, and some church youth groups to discuss partnering. Lastly, the group sponsored a "Run Drugs out of Town" 5K Walk/Run in November. It was a well-attended event with over 90 participants, made up of both youth and adults. This also resulted in some students taking applications to join the group. We are thankful for the sponsorship from Fleet Feet, a local sports shoe and gear store, for this event.

A significant problem was encountered during this reporting period in that the YAB Advisor, Nikita Ware, suffered from some health issues during the month of December and students were busy with finals. This resulted in no follow up with prospective members or groups contacted and two less meetings than projected. We plan to pick back up in January on these efforts. Currently, the most significant areas of need for our peer prevention program are reaching students who have an interest and commitment to prevention and meeting the financial needs of running the group. The grant which funds the media items for this group does not fund meeting supplies such as food and drink. The HOB funds we receive assist with this aspect of the group. We have no other funds that cover these expenses and we are very grateful for the BOH funds.

Community Prevention:

We continue to promote the 24-hour prescription drug disposal drop boxes located at the Bloomington and Normal Police Departments and will continue to partner with the Normal

Police Department for planning and participating in the DEA Prescription Take Back event to be held next spring. YAB members also participated in two tobacco audits with Normal Police Department during this quarter.

Our Community Prevention objective, to increase retailer awareness of local ordinances and laws and to increase public awareness of safe disposal of unused prescription drugs was met. We continue to encounter the problem of low numbers of current members, mainly due to the reasons listed above. Since Nikita's health issues began we've taken significant steps to follow up with new applicants and increase membership and feel this issue will be alleviated in the next quarter. The most significant need we have regarding community prevention is dollars to do more with the campaigns. Having more billboards, more retailer spot checks, and more of a community presence would help people see that preventing underage drinking and tobacco use is everyone's responsibility.

CY 2015
Quarterly Service Statistics Summary
January 1, 2015- December 31, 2015

Quarter	Total New Served	Total Served	Total Funds Budgeted
Q1	110	517	\$669,564.00
Q2	130	518	
Q3	92	443	
Q4	103	486	
CY 15 TOTAL	435	1964	\$669,564.00

Agency Specific Quarterly Data
October 1, 2015- December 31, 2015

LifeCIL

Independent Living Assistance for Persons with Developmental Disabilities
Service Provided: Independent Living

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	1	12	\$13,116.00
Q2 – April - Jun	3	12	
Q3 – July - Sept	6	10	
Q4 – Oct - Dec	3	14	

Lutheran Child & Family Services

Counseling with the Developmentally Disabled
Service Provided: Counseling and Prevention

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	4	8	\$6,864.00
Q2 – April - Jun	29	36	
Q3 – July - Sept	0	10	
Q4 – Oct - Dec	24	31	

United Cerebral Palsy

UCP Employment Services
Service Provided: Vocational Support Services

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	12	70	\$182,904.00
Q2 – April - Jun	12	70	
Q3 – July - Sept	2	27	
Q4 – Oct - Dec	4	31	

Marcfirst

SPICE

Service Provided: Early Intervention

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	91	263	\$30,276.00
Q2 – April - Jun	81	240	
Q3 – July - Sept	68	234	
Q4 – Oct - Dec	68	234	

Supported Employment

Service Provided: Obtaining and Maintaining Community Employment

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	2	104	\$ 286,560.00
Q2 – April - Jun	5	100	
Q3 – July - Sept	15	110	
Q4 – Oct - Dec	4	114	

Supported Living

Service Provided: CILA Residential Support

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	0	60	\$ 149,844.00
Q2 – April - Jun	0	60	
Q3 – July - Sept	1	62	
Q4 – Oct - Dec	0	62	

2016 QUARTERLY REPORT

AGENCY: LIFE Center for Independent Living (LIFE CIL)
 PROGRAM: Developmental Disabilities- Independent Living
 Quarter: 1st ☐ 2nd ☐ 3rd ☐ 4th ☒ x



Service Statistics

	Clients Served					Gender		Total # of Units of Service/Events/Visits	Total Client Service Hours	Total Staff Service Hours
	New	Returning	On-Going	Closed	Total Clients Served This Quarter (Combined Total of New, Returning, On-Going and Closed)	Male	Female			
Client Data										
Clients Served	3	0	11	0	14	6	8	97	214	214
Age Group										
0-5										
6-12										
13-17										
18-21			2							
22-30	1		2							
31-54	2		4							
55-64			3							
65-80										
81 & Up										
Unknown										
Total	3		11			6	8			
Race										
African American/Black	1									
American Indian/Alaska Native										
Asian										
Caucasian/White	2		11							
Native Hawaiian/Pacific Islander										
Other										
Total	3		11			6	8			
Ethnicity										
Hispanic or Latino										
Not Hispanic or Latino										
Total	0		0			0	0			
Residence										
Anchor										
Arrowsmith										
Bellflower										
Bloomington	3		9							
Carlock										
Chenoa										
Colfax										
Cooksville										
Covell										
Danvers										
Downs										
El Paso										
Ellsworth										
Gridley										
Heyworth										
Hudson										
LeRoy										
Lexington										
McLean										
Normal			2							
Saybrook										
Shirley										
Stanford										
Towanda										
Other: Please list location										
Total	3		0	11		6	8			
Insurance Coverage										
Medicaid	3		11							
Medicare										
Private Insurance										
Uninsured										
Total	3		11			6	8			

LIFE Center for Independent Living
Narrative, Objectives and Outcomes for
McLean County Health Department
October 1, 2015 through December 31, 2015

I. Summary of the services provided during the reporting period and on the objectives and outcomes defined in your application.

LIFE CIL staff served fourteen (14) individuals within the program this quarter.

Of that total of fourteen (14) served:

(14) Individuals received intensive and/or extended services.

8 – Females, 6 – Males

11 from Bloomington and 3 from Normal

14 (all) aged 19 – 59

(3) Individuals were new to the Center and were all self-referrals.

(1) Individual closed file.

All three new individuals chose to develop a goal to work towards. (The individual determines what goal they want to develop and then decide when they feel the goal of independence has been achieved).

Interestingly all three (3) individuals setting a goal of Housing/Move to desired location.

One (1) individual who opened their goal of housing chose to close his file also this quarter, as he decided with a change in property management he wanted to stay in current housing location.

Remaining thirteen (13) consumers continue with their previously developed goals ranging from self-care, housing, and transportation.

LIFE CIL staff assisted individuals this past quarter with various areas or services including but not limited to:

- Finding Subsidized Housing**
- IL Skills in daily living activities**
- Benefit assistance and question on Medicaid coverage**
- One on one bus/transportation training**
- Hygiene skills training**

- Vocational training-resumes, applications and mock interviews

Program Output Targets

Twenty-four adults with developmental disabilities will acquire and successfully maintain independent living situations that they choose based on personal preferences and resources, within the reporting year.

1. Provide information and referral services to a minimum of 16 persons with developmental disabilities and/or their families.

Quarter Results:

During this quarter a total of fourteen (14) individuals were provided information and referral.

Year to date results:

Combined unduplicated number of individual's receiving information and referral is forty-two (45). Twenty-one (21) with on-going services and twenty-four (24)

2. Provide independent living skills acquisition services to 12 persons with developmental disabilities. Independent living services may include, but not be limited to, assistance in seeking and setting up a residence, independent living skills acquisition in the home or in group settings, and/or episodic assistance in solving problems of independent living.

Quarter Results:

Fourteen (14) were those with intensive and extended services received assistance with independent living skills training.

Year to date results:

Twenty-one (21) unduplicated individuals with intensive and extended services have received independent living skills training.

3. Provide peer mentoring services to a minimum of 8 persons with developmental disabilities and/or their families.

Quarter Results:

Ten (10) individuals with intensive and extended services received peer mentoring services during this quarter. Nine (9) were repeat and one (1) new.

Year to date results:

Twelve (12)
) unduplicated individuals with intensive and extended services have received peer mentoring.

4. Provide advocacy services to a minimum of 8 persons with developmental disabilities.

Quarter Results:

One (1) individual received advocacy services during this quarter.

Year to date results:

Seven (7) unduplicated individuals with intensive and extended services have received advocacy and three (3) unduplicated individuals with brief episodic services. Combined unduplicated number of individual's receiving advocacy is eight (8).

II. Challenges encountered during the reporting period.

During this quarter LIFE CIL staff assisted three (3) individuals with a bit more extensive services in the area of vocational skill. While there are other agencies serving this population in McLean County, individuals have been discouraged and frustrated with their services at those locations. Individuals working with other agencies have been told it could be up to three years before they are able to find employment. One individual made their own choice not to wait but to pursue assistance on skills with LIFE CIL staff to gain employment. LIFE CIL staff will assist them with the basics at this time. We DO NOT offer job placement or job coaching!

For many of those we serve, they want employment now. We have explained to our consumers that many services have received cuts or no funding from the state and therefore may have had to lay off their staff causing a back log of service. One of the individuals and her family who have expressed their frustration with the other agency feel that is not the issue. We have encouraged them to inquire at the agency what their options may be to either get another staff person to assist or what they can do to register their complaint with in that agency. We then provide education and skills training on searching for employment, applications, resumes, and interviewing skills.

LIFE CIL staff serving individuals has also personally reached out to the local agencies assisting in employment services for those with developmental disabilities and other disabilities as a whole and at this time is working on getting a working group developed to come together on a periodic basis to address employment concerns for the populations we connectively serve.

III. What are the most significant areas of remaining need, with regards to improving services for those you serve?

Employment assistance as mentioned above, lack of options and the fact that those who fall between the eligibility criteria for those other agencies but still

have a diagnosis of cognitive disabilities. These individuals fall between the cracks and have a lack of the more intensive services they may need.

A lack of safe, accessible/affordable housing options is and has for a very long time been an area of need within McLean County as a whole. Many individuals living in poverty are unable to find housing. Many also have back rent payments, or previous personal history possibly keeping them from more options with current landlords.

As always, we believe there is a continued need for outreach to youth and transitional age students. Our staff is very small and limited in resources for outreach and services in this specific area. We feel that this population is a targeted area needing services. Many young adults continue to live with their parents into adulthood, leading to crisis when their parents become unable to care for them. Many do not see their individual potential or do not see others with disabilities succeeding in living on their own, going to college and being employed. They often lack the knowledge and skills to identify and obtain income and supports and navigate the health and human services system. This tendency to be unemployed and poor begins with older high school students and recent graduates with disabilities who do not have a plan for achieving independent, self-sustaining lifestyles, and who do not transition immediately to post-secondary education or employment, and who do not obtain benefits for which they are eligible.

IV. Do you have a waiting list? ☐ Yes ☒ No If yes, please describe.

*During the FY15 year LIFE CIL did not implement a waiting list, however we are implementing one for the FY16 year due to MCHD funding cuts and state budget crisis. The funding has allowed us the ability to relieve the burden of funding for our core services. The MCHD cut now puts us in the position of reducing the number of persons with developmental disabilities that we can serve therefore we must institute a waiting list for services beginning January 1, 2016

V. Comments. Provide additional information that you would like us to know about your program and the effectiveness of your grant.

LIFE Center for Independent Living is being negatively affected by the state's budget impasse. While some of our twelve grants and contracts continue to be paid, our largest and third-largest grants are not being paid. We have reduced our staff by two positions and have aggressively trimmed expenses in order to maintain full services to all our consumers, but our cash reserves are dropping at a rate that cannot be sustained through the end of the fiscal year.

Individual Scenarios

B.R.: 24 years old with documented developmental disability. Individual came to LIFE CIL for transition services when moving from family home out-of-town to Normal, IL, as a HALO student at Heartland Community College. Requested assistance with learning local bus routes, cleaning, and comparison shopping and learning where things are in the store. Has two goals, one is learning local bus routes, and one being self-care, mainly cleaning, and cooking. B.R. is going to graduate from HCC this May, and is now receiving assistance in finding subsidized housing. He has learned to get to many places in the community, mostly requests assistance for new places he needs to go. He has also become more independent with cleaning, just needs minimal physical prompting now to wash dishes, and clean apartment. We are exploring different methods of cooking right now for independence along with safety. He wants to make Bloomington/Normal his residence.

M.D.: 21 years old, with documented developmental disability. Individual came to LIFE CIL for youth transition services. Moved out of parents' home in LaSalle, and moved to Bloomington and lives with sister and her friend. He requested assistance with learning how to use appliances in apartment, and bus route training. He is now independent with appliances, and has learned to get to work by bus, and other places of choice. He will be starting speech therapy at ISU, and is currently receiving training on how to get there by bus. M.D. is also currently receiving training in finding a volunteer job in the community to increase social interactions. LIFE CIL also assisted him in getting connected with B/N Deaf Club. He currently works part-time at Hy-Vee. His current goal is learning local bus routes.

J.P.: 37 years old, presents as low cognitive function and memory loss. Came to LIFE CIL for housing assistance, moving to desired location. She lives with husband and his parents and wants to get out and become more independent. She is currently working on subsidized housing applications. She just lost her job, and LIFE CIL referred her to marcfirst and UCP for supported employment. Also assisted with application for unemployment, and budgeting. Her current goal is housing.

FY 2015 EXTENSION QUARTERLY AGENCY SERVICE STATISTICS - July 1, 2015 - December 31, 2015

Agency: Lutheran Child and Family Services

Agency: Lutheran Child and Family Services						
Oct 1 - Dec 31	Program: Counseling with Developmental Disabilities					
	Unduplicated Clients (New clients served during the quarter)	On-Going Clients	Total Clients served during the quarter	Total # of Events/Visits	Total Staff Service Hours	Total Client Service Hours (if applicable)
Gender:						
Male	10	3	13	15	34	29
Female	14	4	18	9	25	38
Total Individuals Served/Hrs Provided	24	7	31		59	67
Age Group:						
Infants (0-3)						
Child	1	2	3	7	13	9
Teens (14-18)						
Adults (19-59)	20	5	25	18	43	52
Seniors (60 & up)	3		3	1	6	6
Total Individuals Served/Hrs Provided	24	7	31			
Residence:						
Bloomington	14	4	18	15	29	38
Normal	10		10	1	6	20
Other:		3	3	3	7	9
Total Individuals Served/Hrs Provided	24					42
Total in Fiscal Year	37					84.25
Projected Individuals/Hrs Provided	13					70

**Lutheran Child and Family Services
Counseling for Developmentally Disabled
Narrative**

I. Program Activities

Counseling services are provided to individuals identified with developmental disabilities. Most of these services are provided to marcfirst clients at the marcfirst site to facilitate the ease of these services. Typically group psychoeducation on topics such as stress management and handling emotions is also provided as needed. This has been done at both marcfirst and friendsfirst. Other organizations and schools can also refer clients for services. Numbers at bottom of page are based on the fiscal year to date.

II. Progress on the objectives defined in your application.

1) The program will provide counseling and/or prevention services to at least 25 unduplicated developmentally disabled clients in FY15.

Total number served in fiscal year is 37 well above the 25 unduplicated. Twenty-four unduplicated were served in this quarter alone. Eight clients served in previous quarter did not receive services in this quarter.

2) At least 75% of clients will make progress on goals they and the collaterals identified.

Clients who have been accessing services have been making progress with staff and clients reporting 90% making progress.

3) At least 75% of clients will demonstrate improved functioning on outcome measures (Global Assessment of Functioning Scale, the BASIS-32, or BERS) during the funding year.

Outcome measurement scores have also indicated progress at a rate of 90%.

III. Problems encountered during the reporting period.

Services this quarter have gone as planned. Amber Wright has developed good rapport with clients and is assisting them in making progress. Services were provided at friendsfirst as planned and 23 additional clients were served in this venue.

IV. What do you see as the most significant areas of remaining need, with regarding to improving services for those you serve?

Marcfirst is now referring new clients, but the funding from the department has discontinued. Marcfirst staff has expressed there is a need for the service to continue directly at marcfirst. We discussed plans to collaborate on funding opportunities. LCFS is now formally applying to utilize Medicaid funds so that the clients do not lose this valuable service.

V. What has BOH funding allowed you to do that you could not do without this funding?

The clients we are serving would not be served elsewhere. We provide the services at the facilities that are most convenient to them with direct connection to staff who work with them frequently and know their needs. This is an invaluable service that improves the welfare of these clients. Other agencies have declined to serve this population.

VI. Provide any additional information that you would like us to know about your program and the effectiveness of your grant.

Marcfirst staff have indicated that the clients have enjoyed meeting with the new counselor and they are working on getting other clients in to see Amber.

VII. Provide any additional information that you would like us to know about the data submitted.

Please note data regarding hours in the excel report duplicates due to the reporting categories, two staff, and group work. Clients were provided 42 unduplicated client hours. In other words, this figure counts one hour even if two staff or multiple clients were present.

FY 2015 QUARTERLY AGENCY SERVICE STATISTICS

Agency: UCP LAND OF LINCOLN

Agency: UCF LAND OF
Quarter: OCT-DEC 2015

[illegible]

Referral Source for New Admissions: SEE ATTACHED NARRATIVE

Primary problem area(s) of clients served: SEE ATTACHED NARRATIVE

Please attach a brief narrative of:

Program Activities

Program Activities

Progress in achieving program objectives

Progress in administering program objectives

FLORENCE

United Cerebral Palsy Land of Lincoln (UCPLL)

FY 2015 Extension Quarterly Agency Narrative

October 1, 2015 – December 31, 2015

During this quarter, UCPLL provided extended job support services to 31 individuals with disabilities. We were able to help 31 individuals maintain their jobs in the community – All individuals are currently working. Job coaches met individuals at their work site and assisted them in achieving increased independence. Job Coaches provided support and monitored the individuals' work tasks and behaviors and helped them do their job to the best of their ability. Vocational staff took some of the program participants to a local Job Fair for job leads.

Objective #1: UCPLL provided job support services to a total of 31 individuals this quarter. We added 4 new people during the quarter. UCPLL continues to work with DRS, the school districts, as well as the local colleges, and the Transitional Planning committee to identify more individuals that could benefit from vocational services. UCP Vocational staff continue to work with a new referral source for the program – it is an agency called LifeCil. The Job Developers are contacting other agencies in the area to inform them of our services and how we may be able to assist their clients. UCPLL staff work closely with the individuals to help them find and maintain their jobs in the community. UCPLL staff have developed strong partnerships with community employers and have helped them to understand and educate them on different disabilities. Job coaches go to the work sites daily and communicate with the individuals in constructive ways and provide effective feedback. Job Developers visit the job sites at least twice a month to check on the individual, the employer and the job coach to keep the communication lines open and address any concerns quickly and effectively.

Objective #2: UCPLL continues to have vocational and janitorial training classes. One individual completed the janitorial training program and 1 individual went through vocational training. The janitorial training program has been a huge success and has really helped UCPLL create a trained workforce for its janitorial business, White Glove Professionals. It has been the perfect segway for the trainees to go right into a custodial job when they are finished with the training.

Objective #3: UCPLL holds monthly activities/events to teach appropriate social skills and job retention strategies. These events are for those individuals that are receiving our services. Events were held on 10/20/15, 11/24/15 and 12/16/15. These events are held at various times each month to allow working individuals the opportunity to attend. In October, the theme was "Treat yourself to do's and don'ts" in honor of Halloween. Participants learned about

appropriate work behaviors and inappropriate work behaviors. November's theme was "You're invited to get HIP!", and individuals learned about being Hard-working, having Integrity, and being Professional. The December event was a holiday gathering where staff and individuals and their families got together to celebrate the season. After each event, individuals are asked to fill out a survey telling staff what they liked, didn't like, and what they would like to talk about during the next event. Once again, UCPLL received 100% participant satisfaction on these surveys. One of the goals of these events is to encourage people to socialize with their peers and develop appropriate relationships. An on-going need UCP hears from its families is that people with disabilities struggle to find social outlets after they graduate from high school. UCP's mission is to provide innovative strategies to connect people with disabilities to their communities. The work and focus of this grant truly demonstrates that people with disabilities are getting connected to their community through work opportunities.

UCPLL continues to see the area of transportation for those living in the outlying area as a huge need. Many individuals come to us needing services, but are unable to get to our office on a regular basis. They also have issues finding a job due to their limited transportation access. UCPLL tries to work with them on a schedule that works for the individual. We attempt to help them find a job that they are able to get to and from, but that doesn't always happen. We have many times had an individual get a job that they have to turn down because they did not have a way to get to and from work during the time that the employer needed them. The Job Developers are trying to work with individuals on getting a job close to their home, but it definitely limits their job prospects. UCPLL staff has also recognized the need for transportation training for people who live where public transportation is available. UCPLL staff is working with two program participants this quarter to help them understand public transportation and the bus routes to assist them with getting to/from work.

One of the biggest problems that UCPLL continues to encounter with program participants is helping them maintain their jobs. Each quarter we have several individuals that are close to losing their jobs because of issues at the workplace. UCPLL staff is quick to work with the managers at work sites to talk about our program and services and how we can help with the situation. UCPLL continues to provide Disability Awareness Training to numerous employers who are unaware of how to work with someone with a disability. One of our current Job Developers created a packet to give potential employers that teaches them some basic disability awareness. Our Job Developers also work with new managers at the job sites, teaching them the same training. During this quarter alone, the Disability Awareness Training has saved 2 jobs in the community for our individuals. Two of our current participants were going to lose their jobs due to management not understanding their needs, and the Job Developer asked the employer if she could provide some basic training to the employees.

UCPLL recognized the limited vocational training programs for those with disabilities as a major area of need and created the vocational training that helps prepare individuals for employment as well as find employment in the community. This allows the individual to be independent and more self-sufficient. The janitorial training program focuses on eight basic janitorial services which include: trash collection, glass and mirror cleaning, dust/damp mopping, vacuuming, carpet spot removal and floor care, restroom cleaning, general detailing and preventative maintenance.

Thanks to the BOH funding, UCPLL has been able to serve 31 individuals in McLean County who need extended job support services this quarter. No other similar services exist in the county for this specialized need. Many individuals would have lost their jobs if they didn't have job coaches and job developers checking in with them and helping them daily. Over the past six months, 100% of our individuals in this program are working in the community. They have jobs in fast food restaurants, retail stores, grocery stores, hotels, restaurants, day cares, schools, gas stations, car dealerships and office buildings. They all feel a sense of self-worth because they are working.

Success Stories

Major is a huge success story - he was very interested in being a custodian but he needed some additional training and experience to put on his resume. He completed the janitorial training program and UCPLL helped him to get his job as a janitor. When he began his job, Major was only working one day a week. After months of dedication and hard work, his hours were increased to five days a week! For the first few months, UCPLL provided full-time job coaching with Major. Four months later, UCPLL has faded the job coaching to only checking in on him once a week. He is truly living a life without limits!

FY 2015 EXTENSION QUARTERLY AGENCY SERVICE STATISTICS - July 1, 2015 - December 31, 2015

Agency: Marcfirst

Quarter: October, November, December Program: SPICE						
	Unduplicated Clients (New clients served during the quarter)	On-Going Clients	Total Clients served during the quarter	Total # of Events/Visits	Total Staff Service Hours	Total Client Service Hours (if applicable)
Gender:						
Male	46	112	158			
Female	22	54	76			
Total Individuals Served/Hrs Provided						
Age Group:						
Infants (0-3)	67	132	199			
Youths (4-13)	1	34	35			
Teens (14-18)						
Adults (19-59)						
Seniors (60 & up)						
Total Individuals Served/Hrs Provided						
Residence:						
Bloomington - 61701	9	35	44			
Bloomington - 61704	18	36	54			
Bloomington - 61705	6	14	20			
Normal - 61761	18	34	52			
Heyworth - 61745	5	5	10			
Stanford - 61774	1	1	2			
Gridley - 61744		5	5			
McLean - 61745		1	1			
Colfax - 61728	1	4	5			
Leroy - 61752		5	5			
Chenoa - 61726	2	3	5			
Eureka - 61530		1	1			
Clinton - 61727	2	5	7			
Danvers - 61732		1	1			
Pontiac - 61764		1	1			
Carlock - 61724	2	1	3			
Hudson - 61748	1	2	3			
El Paso - 61738		1	1			
Strawn - 61775		1	1			

Maroa - 61756		1	1			
Downs 61736		2	2			
Saybrook - 61770		2	2			
Arrowsmith - 61722		1	1			
Anchor - 61720	1	1	2			
Lexington - 61753	1	3	4			
Havanna - 62644	1		1			
Total Individuals Served/Hrs Provided			234			
Projected Individuals/Hrs Provided			2318.25 hours			

2015 EXTENSION QUARTERLY AGENCY SERVICE STATISTICS - July 1, 2015 - December 31, 2015

Agency: Marcfirst

Quarter: 2nd(October, November Decem		Program: Supported Employment				
	Unduplicated Clients (New clients served during the quarter)	On-Going Clients	Total Clients served during the quarter	Total # of Events/Visits	Total Staff Service Hours	Total Client Service Hours (if applicable)
Gender:						
Male	4	60	64			
Female	0	50	50			
Total Individuals Served/Hrs Provided	4	110	114			
Age Group:						
Infants (0-3)						
Youths (4-13)						
Teens (14-18)	0	8	8			
Adults (19-59)	4	100	104			
Seniors (60 & up)		2	2			
Total Individuals Served/Hrs Provided	4	110	114			
Residence:						
Bloomington 61701	0	29	29			
Bloomington 61704	1	19	20			
Bloomington 60705	1	9	10			
Normal 61761	1	40	41			
Other:						
Minier 61759	0	2	2			
Towanda 61776	0	1	1			
El Paso 61738	0	3	3			
Heyworth 61745	0	1	1			
Downs 61736		1	1			
Leroy 61752		1	1			
Hudson 61748		1	1			
Atlanta 61723		1	1			
Shirley 61722		1	1			
Danvers 61732	1	0	1			
Hopedale 61747		1	1			
Total Individuals Served/Hrs Provided	4	110	114			
Projected Individuals/Hrs Provided						

FY 2015 EXTENSION QUARTERLY AGENCY SERVICE STATISTICS - July 1, 2015 - December 31, 2015

Agency: Marcfirst

Quarter: 2nd (October, November, December)	Program: Supported Living					
	Unduplicated Clients (New clients served during the quarter)	On-Going Clients	Total Clients served during the quarter	Total # of Events/Visits	Total Staff Service Hours	Total Client Service Hours (if applicable)
Gender:						
Male		33	33			
Female		29	29			
Total Individuals Served/Hrs Provided						
Age Group:						
Infants (0-3)						
Youths (4-13)						
Teens (14-18)						
Adults (19-59)		47	47			
Seniors (60 & up)		15	15			
Total Individuals Served/Hrs Provided						
Residence:						
Bloomington 61601		7	7			
Bloomington 61604		4	4			
Bloomington 61605		9	9			
Normal 61761		42	42			
Other:						
Total Individuals Served/Hrs Provided			62			
Projected Individuals/Hrs Provided						

FY 2015 EXTENSION QUARTERLY NARRATIVE
October 1, 2015 – December 31, 2015

I. Program Activities

During reporting period of October 1 to December 31 each program funded by the McLean County 377 Board continued to provide funded services. The **SPICE** program provided developmental screenings at pre-schools and Daycare Centers, Play and Learn classes and individual and group therapy to children and families at Marcfirst as well as in the child's home. The **Supported Employment Program** assisted supported individuals with completing job applications, resume development, preparing for interviews, and on site job coaching. Individuals receiving services in the **Supported Living** program had support plans developed that identify and develop self-directed goals objectives designed to improve their overall quality of life. Work continues on the construction of 2 new duplexes.. As the construction of these new homes progresses, supported individuals have participated in selecting appliances, room colors, flooring and fixtures for their new home.

II. Progress on the objectives defined in your application.

SPICE

Objective #1: 90% of children evaluated during grant reporting period will show a 4 month gain in a 6 month period using the Battelle Developmental Inventory-2

Objective met. 8 of 8 children evaluated showed a gain of at least 4 months in at least one area of development.

Objective #2: To screen (free developmental screens) 120 (30 per quarter) children in McLean County

There were 13 free developmental screenings completed during the quarter. This is less than the 30 per month that we are committed to providing. The screenings are dependent on referrals and there was a decrease in referrals during the quarter.

Objective #3: To provide 7,700 hours (1925 per quarter) of direct service to children and families involved in SPICE for FY 15

Objective met. In October a total of 914.5 hours of direct service were provided, 783 hours in November and 639 hours in December. A total of 2336.5 hours of service were provided during the quarter.

Supported Employment

Objective 1: We will provide 11,000 hours (2750 per quarter) of unfunded (by DHS and DRS) services annually; including job coaching, job development classes and job counseling to supported individuals

Objective met. During the reporting period, a total of 2900.5 hours of unfunded services were provided. In October, 1051.25 hours were provided, November 1009.75 hours were provided and in December 839.5 hours of services were provided

Objective 2: 14 participants will successfully complete the School to Work Summer Program

Objective met. 15 students successfully completed the program in July 2015.

Objective 3: 15 supported individuals will find new employment and maintain their employment for a minimum of 90 days

During the reporting period, 1 individual found new employment with Monicals. This is not uncommon for the last quarter of the year, as employers seem to focus on filling temporary/seasonal positions.

Objective 4: 85% of individuals employed on 7/1/14 will maintain employment throughout the year

(6/30/15)

Objective met. 43 of 50 individuals employed on 7/1/14 were still employed as of 12/31/15. During the quarter, 1 individual left his job for personal reasons.

Supported Living

Objective 1: Provide 20,676 nights (5169 per quarter) of supports for the projected 59 individuals in the CILA program

Objective met. A total of 5141 nights of service to 60 individuals were provided during the quarter. There were 2 discharges during the quarter. One individual was discharged to another provider and another individual died. By month, the total number of nights of service provided is as follows: October 1767 nights, November 1665 nights and December 1709 nights.

Objective 2: 59 individuals supported in the CILA program will have at least 1 person-centered/ self-directed goal developed and implemented as a part of the Individualized Service Plan planning process.

Objective Met. 15 individuals had ISPs completed during the quarter. Each person participated in the development of their plans, and as a result, each plan had at least 1 self-directed goal or objective. Examples of self-directed goals included; planning and participating in community based recreational activities, planning and participating in a community based music activity and learning how to do on-line banking.

Objective 3: : A 28% sample of people receiving CILA services will participate in the Personal Outcome interview process, utilizing the Personal Outcome Measures interviewing including review of the person's file.

Objective met. 5 individuals who were interviewed previously were interviewed this quarter using the Personal Outcome measures. The average number of supports increased slightly from 17.6 supports present to 18.4 supports present this quarter compared to the same sample's previous interviews. Some of the increases were seen in the areas of people choosing where they live and increased staff support in helping people develop and/or maintain natural supports. Individual feedback and recommendations will go to the team to address specific issues identified during the interview process.

III. Problems encountered during the reporting period

SPICE

The number of referral for screenings was lower than expected during the quarter. SPICE staff has conducted outreach with its community partners to increase the number of referrals.

Supported Employment

The number of referral from DRS decreased to 1 for the entire quarter. This is due in part to the State budget impasse and the effect it's had on staffing within DRS. There is also a seasonal slowdown in employers hiring for permanent positions, especially in retail.

Supported Living

An ongoing concern is that of supporting individuals who are aging and experiencing aging related health and mobility issues. For example, one individual suffered a stroke as was hospitalized then sent to a care facility for

rehabilitation. Another individual was discharged due to significant behavioral issues that placed her and others at risk for serious harm.

IV. What do you see as the most significant areas of remaining need, with regarding to improving services for those you serve?

For all of our programs, the lack of a state budget is an area of significant concern. Presently we are unsure what a new budget will look like and if there are reductions in funding with the new budget, how those reductions will affect Marcfirst's ability to provide services. For our **Supported Living** program, a major area of need is accessible housing in safe neighborhoods that is affordable. We would like to be able to move the individuals living in our older leased properties into homes that are newer and more adequately address their needs. Another major area of need is the increasing supports needed for an aging population. The existing state rate structure does not sufficiently fund staffing patterns and nursing services needed to adequately support individuals with significant health and medical conditions. The vast majority of individuals who receive **Supported Employment** services reside in Bloomington-Normal. For those who live in rural communities outside B-N, a lack of reliable transportation limits their access to our services. The **SPICE** program has found there is a lack of qualified Pediatric Therapists and Physical therapists in particular.

V. What has BOH funding allowed you to do that you could not do without this funding?

Funding from the State of Illinois does not cover all of the services we provide. For example, funding from the Division of Rehabilitation Services is time limited. When an individual has exhausted his/her DRS funding, our **Supported Employment** program is able to continue to support them with finding and keeping a job with the money from the 377 Board. This allows us to provide lifelong employment supports to individuals who receive our employment services. For the **Supported Living** program, the funding helps cover the expense of an on-site supervisor for each group home. This ensures better supervision and training of staff who work in the homes. This is essential for us to continue to provide safe and healthy living environments and facilitate opportunities for individuals to fully access their communities. Funding from the 377 Board is used by the **SPICE** program to provide free developmental screenings to children in McLean County. By identifying developmental delays at an early age and then addressing those delays with appropriate therapies, children are better prepared to be successful when they start school. In addition to the screenings, the 377 funding also supports individual and group therapies provided by Marcfirst staff.

VI. Provide any additional information that you would like us to know about your program and the effectiveness of your grant.

For our **Supported Employment** program, the funding has allowed us to provided lifelong supports to individuals, and this has allowed us to help individuals maintain their employment long after their state funded services end. 377 funding allows our **SPICE** program to conduct free screenings. Early identification of developmental delays leads to early intervention therapies resulting in more children being prepared to enter kindergarten than would be without these services. Because the 377 funding allows us to have an on-site supervisor in each of our homes, the **Supported Living** program is able to ensure staff is trained in supporting individuals in the home and their community. One of the benefits of this is that individuals are better able to access needed medical, dental and mental health services.

VII. Provide any additional information that you would like us to know about the data submitted.



McLean County Health Department Behavioral Health Division

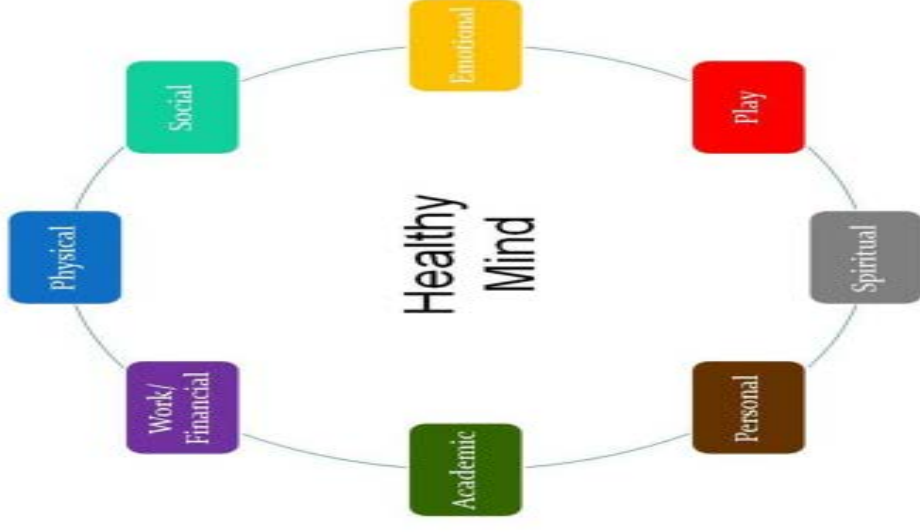
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Health Committee Presentation

April 4, 2016

Health

The World Health Organization states, “Health is the state of complete physical, mental and social well being and not merely the absence of disease or infirmity”.



Behavioral Health is Essential to Health
Prevention Works
Treatment is Effective
People Recover

Partners in Prevention

40 Years of Proven Partnerships

McLean County Board of Health and 377 Community Responsibilities

The board carries out its duties by:

- Ensuring individuals have access to a continuum of services that are provided in the areas of prevention, early intervention, treatment, and recovery.
- Establishing Funding Criteria, Guidelines and Priorities that ensure the availability of core services for all county residents, cradle to grave.
- Modeling efficient stewardship by ensuring programs are accessible, accountable, collaborative, cost effective, and data driven.
- Conducting business in a manner that demonstrates responsible leadership and stewardship while recognizing the responsibilities of public accountability.
- Promoting and emphasizing an overall message of mental health and wellness.

Funding Process

- Annual Request for Proposals
- Funding cycle matches County Calendar
- Applications are posted on line
- Public presentations are held that detail funding requests
- Based on Criteria and Guidelines-BOH & 377 Members evaluate and recommend funding for partnering entities

Behavioral Health-553 Board

<http://health.mcleancountyil.gov/index.aspx?NID=413>

Developmental/Intellectual Disabilities-377 Board

<http://health.mcleancountyil.gov/index.aspx?nid=428>

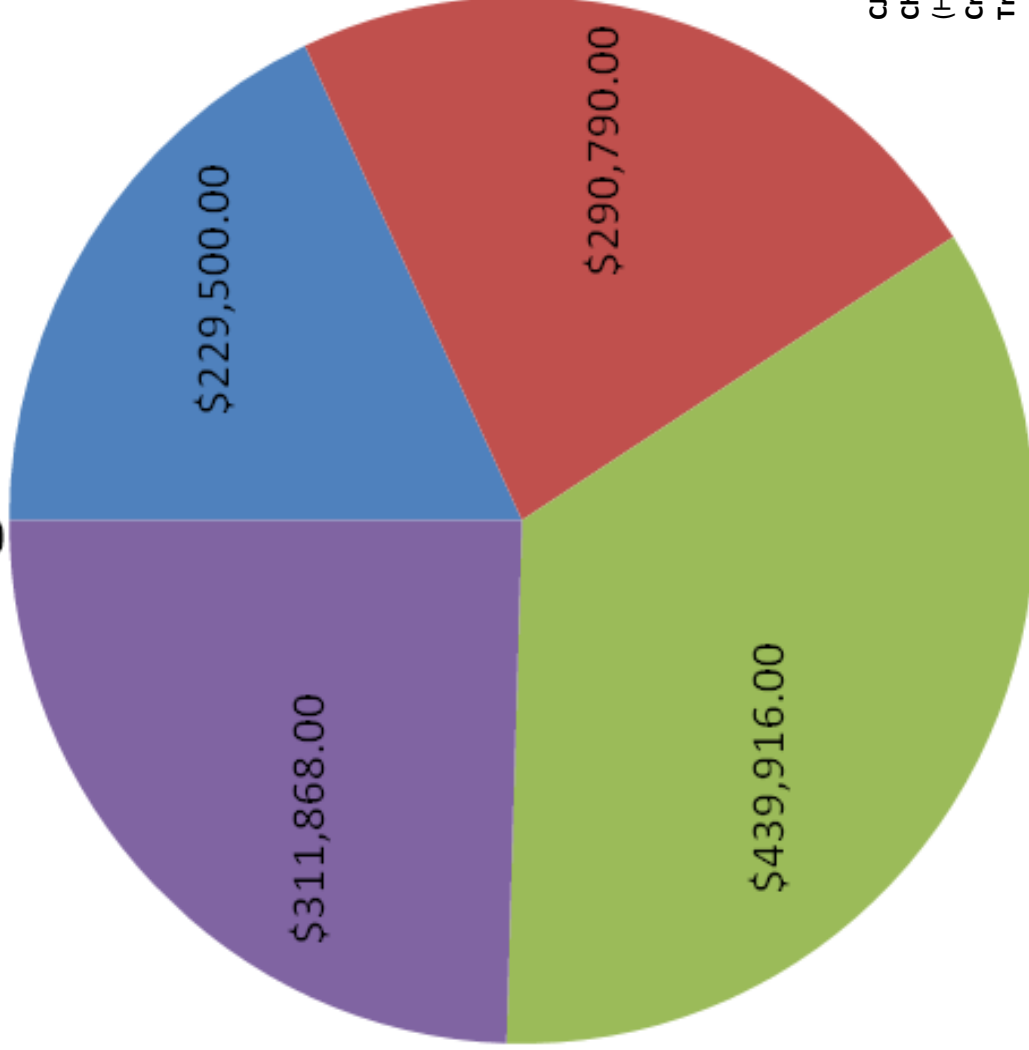


Funding Breakdown

CY16 Funded Programs

Percentage of Total Funds
\$1,272,074

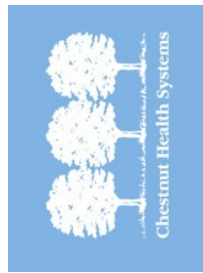
CJS - 18%
Children - 23%
Crisis - 35%
Treatment - 25%



■ Criminal Justice System
■ Children
■ Crisis
■ Treatment

CJS - Chestnut (Drug Court), CYFS (MRT), Labyrinth (Outreach)
Children - Project OZ, Chestnut (School Based Services), Babyfold (Healthy Start)
Crisis - Path (211 and Follow-Up), CHS (Crisis)
Treatment - CHS (Psychiatric)

CY 16 Funded Partners



Quality Assurance

Accountability, Data, Outcomes, and Transparency

- Quarterly Reporting (Fourth Quarter Reports Provided in Packet)
- Site Visits
- Provider Meetings & Support



Collaboratives and Partnerships

Mental Health Advisory Board

- Membership: 9-11 Member Board with a background in behavioral health; 1 member from the County Board & 1 member from the Board of Health
- Goal: Advise the BOH on behavioral health topics

Mental Health First Aid

- Evidenced based Health Literacy Program designed to Increases Awareness and Decrease Stigma
- Trained over 500 community members since the summer of 2014
- Goal: Mental Health First Aider on every Block

147

Community Crisis Planning Group

- Community of Practice includes core crisis providers
- Accomplishments-Improved communication and coordination, universal shared assessment between Advocate, the McLean County Center for Human Services and PATH, data collection, zero suicide
- Mental Health Awareness Forum-May 19, 2016

Children: Effective Service Delivery between Providers and Schools

- Survey all McLean County Schools
- Streamlined Communications and Coordination
- Inventory of Service Provision
- Joint funding opportunities

Questions

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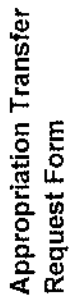
March 28, 2016

To: Honorable Members of the Executive Committee, Finance Committee, Land Use and Development Committee, Property Committee, Transportation Committee, Justice Committee, and Health Committee

From: Bill Wasson, County Administrator

Re: Positions filled from February 22 – March 26, 2016

Department	Oversight Committee	Position	Number of Hires
Circuit Clerk	Justice	Courtroom Clerk	2
County Sheriff	Justice	Corrections Officer	1
Building & Zoning	Land Use	Planner	1
Nursing Home	Health	Certified Nursing Assistant	4
Nursing Home	Health	Domestic Services Assistant	1
Nursing Home	Health	Food Services Assistant	2
Jail Medical	Health	Registered Nurse	1
Health Dept.	Health	Vision & Hearing Technician	1




Fund: 0112

[illegible]

Reason for the overdraw and resulting need to transfer funds: (Identify overdraw/transfer explanation by numbering to correspond with transfer listed above.)

Did not include Overtime Expense in the original budget.


Signature of Department Head

***Signature of a Department Head is required.**